

Indian Health Service

URGENT: [Drug Name] Recall

DATE

 FACILITY NAME

 ADDRESS

 CITY, STATE ZIP

Dear **[PATIENT NAME],**

This letter is to inform you that there is a medication recall for [Drug Name]. [Drug Name] is a [Type of Drug] that is normally used to manage diabetes. The Food and Drug Administration (FDA) found [State Issue or Problem]. Based on our information, we believe that you may have received a prescription for [Drug Name] that could be affected by this issue.

**Recommendations**

**Do no**t stop taking your [Drug Name] until you talk to a healthcare provider.

It could be dangerous to stop taking [Drug Name] without first talking to your healthcare provider. You can return the contaminated [Drug Name] and have it exchanged for another brand (if available) or discuss treatment options with your healthcare provider.

If you have any questions, please call our pharmacy staff at [Phone Number].

Thank you,

FACILITY