



# Recall Return Response Form

## RECALL RESPONSE FORM:

**Metoprolol Succinate ER, USP 25 mg and 50 mg**

**Lot(s): 21143094, 21143095 21143119, 21143121, 21142389, 21142633, 21141322, and 21141321**

**Please check ALL appropriate boxes.**

- I have read and understand the recall instructions provided in the Recall letter.
- I have checked my stock and have quarantined inventory consisting of  
 Lot number \_\_\_\_\_  
 Bottles \_\_\_\_\_ Tablets/Bottle(if opened)\_\_\_\_\_
- Indicate disposition of recalled product:
  - Returned/Held for return- Quantity: \_\_\_\_\_, Date: \_\_\_\_\_ and Method: \_\_\_\_\_
- I have identified and notified my customers that were shipped/received or may have been shipped this product by Date: \_\_\_\_\_; Method of Notification: \_\_\_\_\_

Any adverse events associated with recalled product?  Yes  NO

If yes, please explain: \_\_\_\_\_

Please check the appropriate box (es) to describe your business

- |   |  |
|---|--|
| <input type="checkbox"/> Wholesaler/distributor         | <input type="checkbox"/> Retailer                  |
| <input type="checkbox"/> Grocery corporate headquarters | <input type="checkbox"/> Food service/restaurant   |
| <input type="checkbox"/> Repacker                       | <input type="checkbox"/> Manufacturer              |
| <input type="checkbox"/> Pharmacy - retail              | <input type="checkbox"/> Hospital/medical facility |
| <input type="checkbox"/> Hospital pharmacies            | <input type="checkbox"/> Medical laboratory        |
| <input type="checkbox"/> Other: _____                   |  |

PLEASE CONTACT for Returns: Inmar at [rxrecalls@inmar.com](mailto:rxrecalls@inmar.com) or fax

817-868-5362

Firm Name: \_\_\_\_\_

Contact Person Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

DEA# \_\_\_\_\_