



**MARKET WITHDRAWAL STOCK RESPONSE FORM**

**MARKET WITHDRAWAL of Amlodipine Besylate and Atorvastatin Calcium Tablets  
02/21/2023**

**Please fill out this form completely.** By doing so, this will acknowledge that you have read and understand the Market Withdrawal instructions and have taken the appropriate action. **If this form is not filled out correctly and in its entirety, you may not be eligible for credit.**

Company Name \_\_\_\_\_ DEA # \_\_\_\_\_

Debit Memo # \_\_\_\_\_ Original Invoice # \_\_\_\_\_

*\*DEA # and Debit Memo # is required, without it, processing of your form will be delayed.*

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Name (please print) \_\_\_\_\_ Telephone # \_\_\_\_\_

Contact Signature \_\_\_\_\_ Date \_\_\_\_\_

**I have checked my stock and:**

\_\_\_\_\_ Do not have any stock of the Market Withdrawaled **items**.

**OR**

I have quarantined and listed in the box below the quantity of Market Withdrawaled units and will be returning to Inmar. Upon receipt of this Response Form, Inmar, will issue return authorization label(s) and will need \_\_\_\_\_ # of box labels.

Product Name	Lot Number	NDC Number	Quantity Returned
Amlodipine Besylate and Atorvastatin Calcium Tablets 10mg/40mg, 30count	C2209592	43598-315-30	
Amlodipine Besylate and Atorvastatin Calcium Tablets 10mg/40mg, 90count	C2209593	43598-315-90	

**Wholesalers and Distributors only**

I have identified my customers that were shipped or may have been shipped this product. Attached is a list of customers with their contact details who received/may have received this product.



**MARKET WITHDRAWAL STOCK RESPONSE FORM**

**MARKET WITHDRAWAL of Amlodipine Besylate and Atorvastatin  
Calcium Tablets  
02/21/2023**

Any adverse events associated with Market Withdrawaled product?  Yes  No

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

**If you did not purchase the product directly from the Manufacturer, please complete the below section.**

Purchased from: Wholesaler Name \_\_\_\_\_ DEA # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

If you have any questions regarding this form or product return, please contact Inmar at **855-715-4907** office hours 9am to 5pm (EST) Monday through Friday.

**Please fax this form to: 1-817-868-5362 or E-mail: [RXrecalls@inmar.com](mailto:RXrecalls@inmar.com)**