

**RECALL STOCK RESPONSE FORM**

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

**RECALL of BIOCELL® Textured Breast Implants and Tissue Expanders**

**August 07, 2019**

**Please fill out this form completely.** By doing so, this will acknowledge that you have read and understand the recall instructions and have taken the appropriate action.

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

*\*If DEA# is not provided processing will be delayed.*

Allergan Payer Number \_\_\_\_\_

Customer Name \_\_\_\_\_

Address \_\_\_\_\_

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

**I have checked my stock and:**

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

**OR**

I have quarantined and listed in the box below the quantity of recall units and I will be returning to Inmar, as soon as possible. Upon receipt of this Response Form, Inmar will issue return authorization label(s). Please indicate the # of needed box labels \_\_\_\_\_.

**Note: Please do not return any explanted devices to Inmar.**

**For explant returns, please contact Allergan at 1-800-624-4261, 8am – 5pm CST.**

Item Description	Style	SKU#	Qty returning
NATRELLE Saline Breast Implants			
NATRELLE 410 Highly Cohesive Anatomically Shaped Silicone-Filled Breast Implants			
NATRELLE INSPIRA Silicone-Filled Breast Implants			

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Item Description	Style	SKU#	Qty returning
NATRELLE Silicone-Filled Breast Implants			
NATRELLE 133 Tissue Expanders with and without suture tabs Style 133 BIOSPAN Tissue Expanders McGhan Magna-Site Tissue Expanders			
NATRELLE 133 Plus Tissue Expanders			

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

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