

RECALL STOCK RESPONSE FORM**Lorazepam Tablets USP, 0.5mg; 500 Count HDPE Bottle; Lot #: E00717****VOLUNTARY RECALL**

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.

Business Name _____ DEA # _____

**DEA # is required, if not provided the 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 recalled **items**.**OR**

Have quarantined and listed in the box below the qty of recalled units 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 _____.

Lot #	Exp. Date	Strength	Pkg Size	NDC	Qty of btl's returning
E00717	05/2020	0.5mg	500	69315-0904-05	

☐ I have identified and notified my customers that were shipped or may have been shipped this product by (specify date and method of notification):

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 1-800-967-5952 Office hours 9am to 5pm EST, Mon thru Fri.

Please fax this form to: 1-817-868-5362 or E-mail: rxrecalls@inmar.com