



URGENT Remedial Action

WHOLESALE/DISTRIBUTOR RECALL RESPONSE FORM

**Rhodes Pharmaceuticals L.P. – Voluntary Recall – 09/09/2021
Oxycodone Hydrochloride Tablets USP, 10 mg
100 Count**

Lot Number Affected	NDC Number	Number of Bottles Returning	No Affected Stock (✓)
WP5K0Y	42858-002-01		

In accordance with FDA requirements for this recall, you must sign below to verify that you have received, read, understood, and performed any actions specified in the recall communication.

You must sign below and return this form even if you have no affected stock. If you have any questions regarding this form or product return please contact Inmar, Inc. at 855-769-3994 Monday through Friday 9 – 5:00 EST.

Upon receipt of this completed Response Form, Inmar will issue a Recall Return Kit including a return authorization and pre-paid shipping label.

Please indicate the # of Return Labels needed _____

Return reference/Debit number: _____

Print Name _____ Title _____

Wholesaler Name/DEA #: _____ Address _____

City _____ State _____ Zip _____

Signature _____ Date _____ E-mail address _____

Telephone Number _____ Fax Number _____

Please return the completed form to Inmar, Inc. Via Email rxrecalls@inmar.com or Fax to 817-868-5362.