



RECALL STOCK RESPONSE FORM

**RECALL of Pyridostigmine Bromide Oral Solution, USP 60mg/ 5mL
Wholesaler
(9/26/22)**

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.

Customer Name _____ DEA # _____
**DEA # is required, if it is 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

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 _____.

Lot Number	Expiration Date	First Date of Distribution	Product	UPC / UDI Code	Fill Size / Package Size
832400	August 2023	03-25-22	Pyridostigmine Bromide Oral Solution, USP	66689-406-10	5mL / 5mL

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

Purchased From: Wholesaler Name _____ Wholesaler DEA# _____
City _____ State _____

If you have any questions regarding this form or product return please contact Inmar at 1-855-267-2366. Office hours 9am to 5pm EST Mon thru Fri.

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