URGENT DRUG RECALL
BUSINESS RESPONSE FORM

08/04/2022

PRODUCT DESCRIPTION	NDC#	LOT#	EXP DATE
DIFLUPREDNATE OPHTHALMIC EMULSION 0.05%	69097-341-35	DEG3LC2	05/2023

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

Customer Name _____DEA #_____

Address_____

City_____ State_____ Zip_____

Contact Name (please print)_____ Telephone #_____

Fax # _____

Contact Email _____

Contact Signature _____Date_____

[ ] I have read and understand the recall instructions provided in the letter.

[ ] I have identified and notified my customers that were shipped this product.

I have checked my stock and:

[ ] Do not have any stock of the recalled items.

OR

[ ] I have quarantined and listed in the table below the quantity of recall units I will be returning to QUALANEX as soon as possible. Upon receipt of this Response Form, QUALANEX will issue a Return Authorization to be included with the product.

Product Description	NDC	Lot Numbers	Sealed bottle quantity to be returned	Open bottle quantity to be returned
DIFLUPREDNATE OPHTHALMIC EMULSION 0.05%	69097-341-35	DEG3LC2		

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

Purchased From: Wholesaler Name _____Wholesaler DEA#_____

Any adverse events associated with recalled/failed product? No [ ] Yes [ ] If yes, please explain:

_____

_____

If you have any questions regarding this form or product return please contact Inmar Customner Service (**1-855-261-5677**)during the hours of 9am to 5pm EST, Monday through Friday.

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