

## **RECALL STOCK RESPONSE FORM**

### **Levofloxacin in 5% Dextrose Injection 750mg/150mL VOLUNTARY Recall 03/27/2018**

**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 # \_\_\_\_\_

*\*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**

Have quarantined and listed in the box below the qty of withdrawn units I will be returning to Inmar, as soon as possible.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 \_\_\_\_\_.

Item Description	NDC	Lot #	Qty returning
Levofloxacin in 5% Dextrose Injection 750mg/150mL	55150-245-52	CLF160013	

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

Purchased From: Wholesaler Name \_\_\_\_\_

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

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

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 - Fri.

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