

PRODUCT RECALL RESPONSE FORM**Phenoxybenzamine Hydrochloride Capsules USP 10mg**

Product Description	NDC Number	Lot Number	Date of Expiry
Phenoxybenzamine Hydrochloride Capsules USP 10mg	49884-038-01	15429401	Aug 2023

NOTE: NO other lots of Phenoxybenzamine Hydrochloride Capsules are affected by this market action.

Please check ALL appropriate boxes:

- ☐ I have read and understand the recall instructions provided in the Product Recall Letter.
- ☐ I have checked my stock and I do not possess any quantity of Lot #15429401
- ☐ I have checked and I do possess a quantity of Lot #15429401
- Number of units on hand to be returned: _____
 - I have listed in the line above the quantity of units on hand to be returned.
 - Upon Inmar receipt of this Product Recall Response Form, Inmar will issue Return Authorization Labels. Please indicate the number of labels needed: _____
 - I have identified and notified my customers that we are shipped this product from April 12, 2022, to July 12, 2022.
 - Any Adverse event associated with recall product Yes ☐ No ☐
If yes, please explain: _____

Please fill out this section completely (Where Applicable):

Contact Name _____ Title _____

Telephone Number _____

Firm Name _____

DEA Number _____ Address _____

City _____ State _____ Zip _____

Contact Signature _____ Date _____

***Non-Wholesale customers (Retail or Clinical Pharmacies) only: Please complete the following:**

Wholesaler Name _____ DEA# _____

City: _____ State: _____

*Attached a list of customers if required.

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

If you have any questions regarding this form or product return, please contact Inmar at 855-597-7511. Monday through Friday 9am to 5pm EST.