



RECALL RESPONSE FORM

Diclofenac sodium and Misoprostol Delayed Release Tablets 50/0.2mg & 75/0.2mg

VOLUNTARY RECALL – 04/26/2018

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.

Company Name _____ DEA # _____
*DEA # is required. If not provided the processing of your form will be delayed.

Address _____ City _____

State _____ Zip _____ Phone # _____

Contact Name (please print legibly) _____

Contact Signature _____ Date _____

Wholesaler/Distributor Name _____ DEA # _____

Please complete one of the following:

I have checked my inventory and:

_____ I do not have any inventory of the recalled item.

OR

I have quarantined and listed in the box below the qty of recalled units I will be returning to Inmar, as soon as I receive my Recall Return Kit:

Item Description	NDC	EXP Date	Lot #	Qty of tablets returning if a partial bottle	Qty of full bottles returning
Diclofenac sodium and Misoprostol Delayed Release Tablets 50/0.2mg	42367-110-06	Dec 2018	GH70144		
Diclofenac sodium and Misoprostol Delayed Release Tablets 75/0.2mg	42367-111-06	Dec 2018	GH70154		

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

Please indicate the # of Return labels needed _____

If you have any questions regarding this form or product return please contact Inmar at 1-800-967-5952. Office Hours are 8 am to 5 pm Monday through Friday EST.

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