

**Business Response Form**

**REFRESH® RELIEVA™ PF and REFRESH® RELIEVA™ PF Sample**

All customers are requested to complete the associated Business Response Form (BRF) as soon as possible.

Customers may complete the BRF via:

- Email by sending a scanned copy of the BRF to [Allerganrecall@inmar.com](mailto:Allerganrecall@inmar.com).
- Fax by faxing the completed form to 1-817-868-5362.

Receipt of the BRF will serve as confirmation that you have received the recall notification. **For regulatory reporting purposes, it is important that you return this completed form, even if you do not have product to return.**

**If you have product to return, please provide the following information:**

Lot Number	Product Description	NDC / UPC	Quantity on Hand
T0392	REFRESH® RELIEVA™ PF, 10 mL	0023-6634-10 / 3-0023-6634-10-0	
T0392	REFRESH® RELIEVA™ PF Sample 10 mL	0023-6634-01 / 3-0023-6634-01-8	
T0843	REFRESH® RELIEVA™ PF, 10 mL	0023-6634-10 / 3-0023-6634-10-0	

Please provide \_\_\_\_ additional return kits to facilitate return of the recalled product.

**If you have no product to return, please confirm below:**

<input type="checkbox"/> We have no product to return.
--

**Date Form Completed:** \_\_\_\_\_

**Allergan Payer Account Number:** \_\_\_\_\_

**Contact Name (printed):** \_\_\_\_\_

**Contact Address:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

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

**Purchased From:**

**Wholesaler Name** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**If you have any questions regarding the recall process, please contact Inmar at 855-646-7398.  
Please refer to Return Authorization Refresh21.**