



**RECALL STOCK RESPONSE FORM**  
**RECALL of Hydrocodone APAP Tabs 10Mg/325Mg 100Ct**  
**Retail Level**  
**Initiated 11/23/2021**

**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.

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 item.

**OR**

I have quarantined and listed in the box below the quantity of recall units and 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
Hydrocodone APAP Tabs 10Mg/325Mg 100Ct	31722099701	21070817	

**Wholesalers and Distributors only**

☐ I have identified my customers that were shipped or may have been shipped this product. Attached is a list of customers with their contact details who received/may have received this product.

Any adverse events associated with recalled product? ☐ Yes ☐ No

If yes, please explain: \_\_\_\_\_

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

Purchased from: Wholesaler Name \_\_\_\_\_ DEA # \_\_\_\_\_

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

If you have any questions regarding this form or product return, please contact Inmar at 1-855-850-0108. Office hours 9am to 5pm EST Mon thru Fri.

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