



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