

**RECALL RETURN RESPONSE FORM****Product Name: Losartan Potassium Tablets USP, 25mg, 50mg and 100mg**

<b>NDC:</b>	2315564409 - 25mg 90's	2315564510 - 50mg 1000's	2315564509 - 50mg 90's
	2315564609 - 100mg 90's	2315564610 - 100mg 1000's	

**Lot Numbers** - Please refer to Recall Notification letter.**Please check ALL appropriate boxes.**

- ☐ I have read and understand the recall instructions provided in the recall notification letter dated 05/02/2019.
- ☐ I have identified and notified my customers that were shipped, or may have been shipped, this product \_\_\_\_\_ (please **specify date and method of notification**); \_\_\_\_\_

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

If yes, please explain: \_\_\_\_\_ [Attach additional sheets if needed]

Please check the appropriate box(es) to describe your business

- ☐ wholesaler/distributor      ☐ pharmacy - retail      ☐ Other: \_\_\_\_\_
- ☐ hospital/medical facility      ☐ hospital pharmacies

**Please email and or fax your completed form to (Vivimed, c/o Inmar, Recall Number: RCL102-19, Email: [rxrecalls@inmar.com](mailto:rxrecalls@inmar.com), Fax No.: [817-868-5362](tel:817-868-5362))**

**Customer information:****Company DEA:** \_\_\_\_\_**Company Name:** \_\_\_\_\_**Company Address:** \_\_\_\_\_**Company City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_**Signature:** \_\_\_\_\_ **Print name** \_\_\_\_\_ **Date:** \_\_\_\_\_**Email:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_*If you did not purchased directly from Heritage Pharmaceuticals, please complete the below***Company you purchased product from (Wholesaler):** \_\_\_\_\_**Wholesaler City\ State** \_\_\_\_\_ **Wholesaler DEA#** \_\_\_\_\_**Form Completed by:** \_\_\_\_\_ **Title:** \_\_\_\_\_**Please list inventory in your possession to be returned [Attach additional sheets if needed].**

Lot #	Sealed Bottles Bottles count	Unsealed / Partial Bottles	
		Bottle count	Tablets count