



Teva Pharmaceuticals USA, Inc.

URGENT Drug Recall
Metformin Hydrochloride Extended-Release Tablets 1000 mg
February 22, 2023

RECALL STOCK RESPONSE FORM

Date Form Completed _____

Promptly return your completed SRF by any one of these means to Inmar, Attn: Recall Coordinator
MAIL: Inmar, 635 Vine Street, Winston Salem, NC 27101 EMAIL: rxrecalls@inmar.com FAX: 817-868-5362

Section 1 – Customer Information

Check One

This Stock Response is for:

- ☐ Teva Direct Account
☐ Non-Direct Customer

Customer/Store Name:

*DEA #:

*Debit Memo #

**DEA # is required; in order to process your form.*

Address:

City/State/Zip

Contact Name (please print):

Telephone #:

Please mark your answer - I have checked my stock and):

☐ I do have stock of the recalled item(s) (complete section 2) OR ☐ I do not have stock of the recalled item(s).

Teva Direct Accounts

Does your response include **all** your DC locations? ☐ YES ☐ NO

Non-Direct Customer

The product(s) in this recall were purchased from:

Name of the Wholesaler/Distributor and Location:: _____

Section 2 – Quantity of Product to Return

Enter the information of the recalled product(s) to be returned in the table below. If additional space is needed, please make copies of this form.

NDC	Lot #	Exp. Date	Unit Size	Number of Units to Return (Count Partial Units as 1)

Please indicate the number of shipping labels that you need to return the recalled product(s): _____

Inmar/MedTurn Use Only:

Scan	Labels	Store	Kit	D.B
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