BUSINESS REPLY FORM

Please fax this form to: 1-817-868-5362 or E-mail Allerganrecall@inmar.com

Please include the form with any returned product.

RECALL of XEN® Glaucoma Treatment System

Date October 30, 2019

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.

DEA #_____
If DEA# is not provided processing will be delayed.

Allergan Payer Number _____

Customer Name _____

Address_____

City_____ State_____ Zip_____

I have checked my stock and:

_____Do not have any stock of the recalled **items**.

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. Please indicate the # of additional box labels needed _____.

Item Description	Lot #	Qty returning	Lot #	Qty returning
XEN® Glaucoma Treatment System (XEN® 45 Gel Stent preloaded into a XEN® Injector) UDI: 10888628032439 Part Number: 5513-001	61650		61911	
	61657		62578	
	61779		62608	
	61780		62703	
	61825		62812	
	61883		62874	
	61884		62941	
	61906			

Contact Name_____ Telephone #_____
(please print)

Contact Signature _____Date_____

Contact Email Address_____