

URGENT: DRUG RECALL – RESPONSE FORM**Metoprolol Tartrate Tablet USP, 25mg 1000****Retail Level****5/6/2024**

RCL117-2024 N131165

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#:
<i>DEA # is required, if it is not provided, the processing of your form will be delayed.</i>		
Address:		
City:	State:	Zip:
Contact Name (Please Print):		
Telephone#:	Email:	
Contact Signature:	Date:	
DEBIT MEMO# (If unsure, leave blank):		

Wholesaler Information if not directly purchased from TruPharma:

Wholesaler Name:	DEA#:	
City:	State:	Zip:

I have checked my stock and:

- ☐ I confirm that all locations that received the impacted products have been notified to the retail level _____ (Initial and date)
- ☐ I do not have any stock of the recalled items. **OR**
- ☐ I have quarantined and listed in the box below the quantity of recalled 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 _____.

Product Name	NDC#	Lot#	Expiration Date	Total Quantity of Units (full and partial bottles)
Metoprolol Tartrate Tablet USP, 25mg 1000	52817-360-00	231037H1	6/30/2027	

If you have any questions regarding this form or product return please contact Inmar at **877-861-8963** (office hours 9am to 5pm EST Monday through Friday).

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