



## **RECALL STOCK RESPONSE FORM**

**Product RECALL 05/10/2016**  
**ZOLPIDEM TARTRATE SUBLINGUAL TABLETS 1.75 mg & 3.5mg**

### **VOLUNTARY RECALL**

**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 # \_\_\_\_\_

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 **items**.

**OR**

Have quarantined and listed in the box below the qty of recalled units 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	NDC	Lot Number	Number of cartons returning
ZOLPIDEM TARTRATE SUBLINGUAL TABLETS 1.75 mg	43386-762-30	M16140A	
ZOLPIDEM TARTRATE SUBLINGUAL TABLETS 3.5 mg	43386-761-30	M16144A	

**If you did not purchase the product directly from the Manufacturer please complete the below section.**

Purchased From: Name \_\_\_\_\_ DEA # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

If you have any questions regarding this form or product return please contact Inmar at 1-800-967-5952 Office hours 8am to 5pm Mon thru Fri.

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