

RECALL STOCK RESPONSE FORM

RECALL of Bimatoprost Ophthalmic Solution, 0.03% (Retail Level) 01/28/2019

<u>Please fill out this form completely.</u> By doing so, this will acknowledge that you have read and understand the recall instructions and have taken the appropriate action.

| 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. Upon receipt of this Response Form, Inmar, will issue return authorization label(s) Please indicate the # of needed box labels Item Description NDC Lot # Qty returning H804506 68180-429-02 H803555 H805394 68180-429-03 H804112 H803220 If you did not purchase the product directly from the Manufacturer, please complete the below section. Purchased From: Wholesaler Name | Customer Name | DEA # | | | |
|---|--|--------------------------------|-----------------|--------------------------|--|
| City | *DEA # is required | , if it is not provided, the p | rocessing of yo | ur form will be delayed. | |
| City | Address | | | _ | |
| I have checked my stock and: | | | | | |
| I have checked my stock and: | Contact Name (please print) | Telephon | e # | | |
| 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. Upon receipt of this Response Form, Inmar, will issue return authorization label(s) Please indicate the # of needed box labels Item Description NDC Lot # Qty returning | Contact Signature | | Date | | |
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| Bimatoprost Ophthalmic Solution, 0.03% 68180-429-02 H803555 H805394 H804112 H803220 68180-429-03 H803220 If you did not purchase the product directly from the Manufacturer, please complete the below section. Purchased From: Wholesaler Name | Inmar, as soon as possible. Upon receipt o | f this Response Form, I | | | |
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| Bimatoprost Ophthalmic Solution, 0.03% 68180-429-02 H803555 H805394 H804112 H803220 H803220 H803220 H803220 H80220 H80220 | Item Description | NDC | Lot # | Qty returning | |
| Bimatoprost Ophthalmic Solution, 0.03% H805394 H804112 H803220 | Bimatoprost Ophthalmic Solution, 0.03% | | H804506 | | |
| 68180-429-03 H804112 H803220 If you did not purchase the product directly from the Manufacturer, please complete the below section. Purchased From: Wholesaler NameDEA # | | 68180-429-02 | H803555 | | |
| If you did not purchase the product directly from the Manufacturer, please complete the below section. Purchased From: Wholesaler NameDEA # | | 6 | H805394 | | |
| If you did not purchase the product directly from the Manufacturer, please complete the below section. Purchased From: Wholesaler NameDEA # | | 68180_420_03 | H804112 | | |
| Purchased From: Wholesaler NameDEA # | | 00100-429-03 | H803220 | | |
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Please fax this form to: 1-817-868-5362 or E-mail rxrecalls@inmar.com

If you have any questions regarding this form or product return please contact Inmar at 1-800-967-

5952. Office hours 9am to 5pm EST Mon thru Fri.