Dr.Reddy's

# RECALL STOCK RESPONSE FORM

## RECALL of Moxifloxacin HCl Tablets, 400mg
## 02/08/2017

## VOLUNTARY RECALL – Class TBD

**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.

Company Name _____DEA #_____

***DEA # required, if not provided the processing of your form will be delayed.***

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**

I have quarantined and listed in the box below the quantity of recalled units I will be returning to Inmar. Upon receipt of this Response Form, Inmar, will issue return authorization label(s) and will need_____ # of box labels

| Item Description | NDC | Lot | Qty returning |
|---|---|---|---|
| Moxifloxacin HCl Tablets, 400mg, 30ct | 55111-112-30 | C508203 | |

**Wholesalers and Distributors only**

☐ I have identified my customers that were shipped or may have been shipped this product. Attached is a list of customers with their contact details who received/may have received this product.

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

Purchased From: Wholesaler 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 9am to 5pm Monday through Friday.

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