RECALL of Atorvastatin Calcium Tablets (Retail Level) 06/11/2018

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 #	
Debit Memo #	0	Original Invoice #	
*DEA # and Debit Memo	# is required, without it, process	ing of your form will be delayed.	
Address			
City	State	Zip	
Contact Name (please print)		Telephone #	
Contact Signature I have checked my stock and:		Date	
Do not have any stock of	the recalled <u>items</u> .		
		alled units I will be returning to Inmar. Upor ion label(s) and will need# of	

Item Description	NDC	Lot	Quantity returned
Atorvastatin Calcium Tablets 40mg, 90 count	55111-123-90	T600392	
Atorvastatin Calcium Tablets 40mg, 90 count	55111-123-90	T600384	
Atorvastatin Calcium Tablets 40mg, 90 count	55111-123-90	T600427	
Atorvastatin Calcium Tablets 40mg, 90 count	55111-123-90	T600435	
Atorvastatin Calcium Tablets 40mg, 90 count	55111-123-90	T600492	
Atorvastatin Calcium Tablets 40mg, 90 count	55111-123-90	T600353	
Atorvastatin Calcium Tablets 40mg, 90 count	55111-123-90	T700006	
Atorvastatin Calcium Tablets 40mg, 90 count	55111-123-90	T700014	
Atorvastatin Calcium Tablets 40mg, 90 count	55111-123-90	T700033	
Atorvastatin Calcium Tablets 40mg, 90 count	55111-123-90	T700035	
Atorvastatin Calcium Tablets 40mg, 90 count	55111-123-90	T700036	
Atorvastatin Calcium Tablets 40mg, 500 count	55111-123-05	T600407	
Atorvastatin Calcium Tablets 20mg, 90 count	55111-122-90	T600328	
Atorvastatin Calcium Tablets 20mg, 90 count	55111-122-90	T700214	
Atorvastatin Calcium Tablets 20mg, 90 count	55111-122-90	T700216	
Atorvastatin Calcium Tablets 10mg, 90 count	55111-121-90	T600327	
Atorvastatin Calcium Tablets 10mg, 90 count	55111-121-90	T700213	
Atorvastatin Calcium Tablets 10mg, 90 count	55111-121-90	T700215	

Wholesalers and Distributors only

	e shipped or may have been shipped this product. Attached is a tho received/may have received this product.
If you did not purchase the product direct section.	ctly from the Manufacturer please complete the below
Purchased from: Wholesaler Name	DEA #
City	State
If you have any questions regarding this form Office hours 9am to 5pm (EST) Monday thro	m or product return, please contact Inmar at 1-800-967-5952 ough Friday.

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