



## PRODUCT RECALL RESPONSE FORM

for Edex® 10mcg 2 pack carton Lot 207386

PRODUCT DESCRIPTION	NDC	LOT	EXP DATE	UNITS TO BE RETURNED
Edex® 10mcg 2 pack carton	52244-010-02	207386	May 2019	

**NOTE: NO other lots of Edex® are affected by this market action. Please check ALL appropriate boxes:**

- ☐ I have read and understand the instructions provided in the Product Recall Letter.
- ☐ I have checked and I **do not** possess any quantity of Edex® 10 mcg 2 pack carton Lot 207386.
- ☐ I have checked and I **do** possess a quantity of Edex® 10mcg 2 pack carton Lot 207386.
  - I have listed in the box above the quantity of units currently available for return.
  - Upon Inmar receipt of this Product Recall Response Form, Inmar will issue Return Authorization Labels. Please indicate the number of labels needed: \_\_\_\_\_

**Please fill out this section completely (Where Applicable):**

Contact Name \_\_\_\_\_ Title \_\_\_\_\_

Telephone Number \_\_\_\_\_

Firm Name \_\_\_\_\_

DEA Number \_\_\_\_\_ (If not provided processing of return kit could be delayed)

Address \_\_\_\_\_

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

Contact Signature \_\_\_\_\_ Date \_\_\_\_\_

**Retail Pharmacies only: Please complete the following:**

Wholesaler Name: \_\_\_\_\_

Wholesaler DEA# \_\_\_\_\_

Wholesaler City, State, and Zip: \_\_\_\_\_

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

If you have any questions regarding this form or product return please contact Inmar at extension 1 at 1-800-967-5952.  
Hours: Monday through Friday 9am to 5pm EST.