

RECALL STOCK RESPONSE FORM

**RECALL of Nystatin & Triamcinolone Acetonide Cream
(Retail Level)
09/21/2018**

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 # _____ Original Invoice # _____

**DEA # and Debit Memo # is required, without it, 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	Quantity Returned
Nystatin & Triamcinolone Acetonide Cream, 100,000 units/gm & 1mg/gm, (Pack Size - 60gm)	43598-431-60	D6011	
Nystatin & Triamcinolone Acetonide Cream, 100,000 units/gm & 1mg/gm, (Pack Size - 60gm)	43598-431-60	D6012	
Nystatin & Triamcinolone Acetonide Cream, 100,000 units/gm & 1mg/gm, (Pack Size - 60gm)	43598-431-60	D6013	
Nystatin & Triamcinolone Acetonide Cream, 100,000 units/gm & 1mg/gm, (Pack Size - 30gm)	43598-431-30	D6014	
Nystatin & Triamcinolone Acetonide Cream, 100,000 units/gm & 1mg/gm, (Pack Size - 30gm)	43598-431-30	D6015	
Nystatin & Triamcinolone Acetonide Cream, 100,000 units/gm & 1mg/gm, (Pack Size - 30gm)	43598-431-30	D6016	
Nystatin & Triamcinolone Acetonide Cream, 100,000 units/gm & 1mg/gm, (Pack Size - 15gm)	43598-431-44	D6017	
Nystatin & Triamcinolone Acetonide Cream, 100,000 units/gm & 1mg/gm, (Pack Size - 15gm)	43598-431-44	D6018	
Nystatin & Triamcinolone Acetonide Cream, 100,000 units/gm & 1mg/gm, (Pack Size - 60gm)	43598-431-60	D6020	
Nystatin & Triamcinolone Acetonide Cream, 100,000 units/gm & 1mg/gm, (Pack Size - 60gm)	43598-431-60	D6021	

Nystatin & Triamcinolone Acetonide Cream, 100,000 units/gm & 1mg/gm, (Pack Size - 60gm)	43598-431-60	D6022	
Nystatin & Triamcinolone Acetonide Cream, 100,000 units/gm & 1mg/gm, (Pack Size - 60gm)	43598-431-60	D6023	
Nystatin & Triamcinolone Acetonide Cream, 100,000 units/gm & 1mg/gm, (Pack Size - 30gm)	43598-431-30	D6024	
Nystatin & Triamcinolone Acetonide Cream, 100,000 units/gm & 1mg/gm, (Pack Size - 30gm)	43598-431-30	D6025	
Nystatin & Triamcinolone Acetonide Cream, 100,000 units/gm & 1mg/gm, (Pack Size - 30gm)	43598-431-30	D6026	
Nystatin & Triamcinolone Acetonide Cream, 100,000 units/gm & 1mg/gm, (Pack Size - 30gm)	43598-431-30	D6027	
Nystatin & Triamcinolone Acetonide Cream, 100,000 units/gm & 1mg/gm, (Pack Size - 15gm)	43598-431-44	D6028	

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 (EST) Monday through Friday.

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