



1400 Atwater Drive
Malvern, PA 19355

PRODUCT RECALL RESPONSE FORM

Clonazepam Orally Disintegrating Tablets, USP (C-IV) 0.25mg NDC# 49884-307-02

Product Description	NDC Number	Lot #	Date of Expiry	Units to be returned
Clonazepam Orally Disintegrating Tablets, USP (C-IV) 0.25mg	49884-307-02	550147301	Aug 2026	

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 above lot as indicated in the above table
- ☐ I have checked and I do possess a quantities of the above lot as indicated in the above table
- I have listed in the box above the quantity of units currently available for returned.
- Upon Inmar receipt of this Product Recall Response Form, Inmar will issue Return Authorization Labels. Please indicate the number of labels needed: _____
- Any Adverse events associated with this product Yes ☐ No ☐

If yes, please explain: _____

Please fill out this section completely (Where Applicable):

Contact Name _____ Title _____

Telephone Number _____

Firm Name _____

DEA Number _____ Address _____

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

City _____ State _____ Zip _____

Contact Signature _____ Date _____

Non-Wholesaler customers (Retail Pharmacies) only: Please complete the following:

Wholesaler Name _____ DEA# _____

City: _____ State: _____

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

If you have any questions regarding this form or product return please contact Inmar at 877-890-0765. Hours: Monday through Friday 8am to 5pm EST.