

**URGENT DRUG PRODUCT RECALL**  
**RECALL RETURN RESPONSE FORM**  
**Omeprazole and Sodium Bicarbonate Powder for Oral Suspension**  
**40 mg/1,680 mg (Zegerid), Lot 0013R**  
**Retail Level – 03/01/2024**

RCL003-2024 N021636

**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.

Customer Name:	DEA#:
<i>DEA # is required, if it is not provided, the processing of your form will be delayed.</i>	
Address:	
City:	State: Zip:
Contact Name (Please Print):	
Telephone#:	Email:
Contact Signature:	Date:
DEBIT MEMO# (If unsure, leave blank):	

**Retailer Information if not directly purchased from Bausch Health Companies, Inc.:**

Retailer Name:	DEA#:
City:	State: Zip:

**Please review and acknowledge (X) on one of the statements below that applies to your facility:**

- ☐ I have checked my stock and do NOT have any inventory.
- ☐ I have checked my stock and have quarantined inventory. Please fill out the table below with the quantity of recalled units to be returned to Inmar.

Item Description	NDC #	Lot#	Exp Date	Full Cartons	Partial Cartons	Sachet Count in Partial Cartons
<b>Omeprazole and Sodium Bicarbonate Powder for Oral Suspension 40 mg/1,680 mg (Zegerid)</b>	68682-991-30	0013R	Jan 2026			

Upon receipt of this Response Form, Inmar, will issue return authorization label(s). Please indicate the # of needed box labels\_\_\_\_\_.

If you have any questions regarding this form or product return please contact Inmar at 877-814-3186  
Office hours 9am to 5pm EST Mon thru Fri.

**Please complete, sign, and return this form to:**

**Fax:** 1-817-868-5362

**Email:** [rxrecalls@inmar.com](mailto:rxrecalls@inmar.com)

**Phone:** 1-877 814 3186

**Mailing Address:** 1 W 4th St Suite 500 Attn: Rx Recall Dept, Winston Salem, NC 27101

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