

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
Omeprazole and Sodium Bicarbonate Powder for Oral Suspension 40 mg/1,680 mg (Zegerid)	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

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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