



BUSINESS REPLY FORM

**RECALL of CATAPRES TABS 0.1 MG (Clonidine HCl)
CATAPRES TABS 0.2 MG (Clonidine HCl)
CATAPRES TABS 0.3 MG (Clonidine HCl)
(Wholesale and Retail Levels)
(10/26/2020)**

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 # _____

**DEA # is required, if it is not provided, the 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 recall units and I will be returning to Inmar, as soon as possible. Upon receipt of this Response Form, Inmar, will issue return authorization label(s) Please indicate the # of needed box labels _____.

Please indicate if you have notified all of your consignees to return the recalled product __Yes __No

Please indicate if you do not have any consignees for these lots ____

Item Description	NDC	Lot #	EXP DATE	Qty returning
Catapres Tabs 0.1 mg (Clonidine HCl)	0597-0006-01	761544	01/31/2021	
Catapres Tabs 0.1 mg (Clonidine HCl)	0597-0006-01	861346	01/31/2022	
Catapres Tabs 0.1 mg (Clonidine HCl)	0597-0006-01	859015	01/31/2021	
Catapres Tabs 0.1 mg (Clonidine HCl)	0597-0006-01	956626	01/31/2022	
Catapres Tabs 0.2 mg (Clonidine HCl)	0597-0007-01	861135	11/30/2021	
Catapres Tabs 0.2 mg (Clonidine HCl)	0597-0007-01	C34139	11/30/2021	
Catapres Tabs 0.3 mg (Clonidine HCl)	0597-0011-01	954953	01/31/2022	

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 1-855-600-6069. Office hours 9am to 5pm EST Mon thru Fri.

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