

Sun Pharmaceuticals Industries, Inc.
URGENT: DRUG RECALL – RESPONSE FORM
Nitrofurantoin Capsules, USP (Macrocrystals) 100 mg
Retail Level
07/09/2024



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):		

Wholesaler Information if not directly purchased from Sun Pharma:

Wholesaler Name:		DEA#:
City:	State:	Zip:

I have checked my stock and communicated to my customers at the appropriate level:

- I confirm that all locations that received the impacted products have been notified to the retail level _____ (Initial and date)
- I do not have any stock of the recalled items. **OR**
- I have quarantined and listed in the box below the quantity of recalled 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 _____.

Product Name	Package Description	NDC#	Lot#	Expiration Date	Total Number of Units (number of full cartons) or prescription packs (partial cartons)
Nitrofurantoin Capsules, USP (Macrocrystals) 100 mg	100 count	57664-233-88	231067	04/2025	
		57664-233-88	231069	04/2025	

If you have any questions regarding this form or product return please contact Inmar at (1-877-891-4123)

Office hours 9:00 am to 5:00pm EST Monday through Friday.

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

RCL194-24 / N131198