hikma.

RECALL STOCK RETURN RESPONSE FORM
Wholesale/Distributor & Retail Pharmacy Level Recall Only
October 20, 2026

Please complete and return this form immediately by FAX 1-817-868-5362 or email to HikmaEvent@inmar.com.

Please check ALL appropriate boxes:

☐ I have read and understand the instructions provided in the enclosed **Ciprofloxacin Tablets, USP, 500 mg and 750 mg** recall packet.

☐ I **have** checked my stock of the recalled product listed below and have quarantined inventory and will be returning the number of units shown below. Upon receipt of this Recall Stock Return Response Form, **Inmar Rx Solutions, Inc**., will issue return authorization shipping label(s) and a return kit.
Please indicate the number of needed box labels _____.

☐ I **do not have** any stock of the below recalled product and will not be making a return.

☐ I **have** informed all of my customers of the Retail Level Recall.

Recalled Product: Ciprofloxacin Tablets, USP, 500 mg and 750 mg

Lot No.	Exp. Date	Product Packaging	NDC No.	Ship Dates	Total Full Units (sealed)	Total Partial Units (opened)
CB496A	December 2026	100 count bottle	0143-9928-01			
CB497A	December 2026	100 count bottle	0143-9928-01			
CB498A	December 2026	100 count bottle	0143-9928-01			
CA083A	December 2026	50 count bottle	0143-9929-50			
CA084A	December 2026	50 count bottle	0143-9929-50			
CA085A	December 2026	50 count bottle	0143-9929-50			

Company Name: _____ DEA#: _____

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

Address: _____ City: _____

State:_____ Zip:_____ Phone Number: _____

Fax Number: _____ Email Address: _____

Contact Name: ***(please print)*** _____

Contact Name Signature: _____ Date: _____

If you did not purchase the product directly from Hikma Pharmaceuticals USA Inc. (Formerly West-Ward Pharmaceuticals Corp.) please complete the below section:

Purchased From Wholesaler Name: _____DEA #: _____

City: _____State: _____ Zip: _____

- If you have any questions regarding this form or product return please contact **Inmar Rx Solutions, Inc.** at 1-833-599-3164 during office hours from 9:00am to 5:00pm EST, Monday through Friday.
- Please send this form to **Inmar Rx Solutions, Inc.** by FAX: 1-817-868-5362 or E-mail: HikmaEvent@inmar.com.