

URGENT RECALL COMMUNICATION / CUSTOMER NOTIFICATION
Cyclobenzaprine Hydrochloride Tablets USP, 10mg
CONSUMER LEVEL RECALL

Attachment 1 - BUSINESS RESPONSE FORM

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 for all Controlled Substances, if not provided, processing of your form will be delayed.*

Address _____

City _____ **State** _____ **Zip** _____

Contact Name (please print) _____ **Telephone #** _____

Contact Signature _____ **Date** _____

Please Complete (check ALL applicable):

- I have read and understand the recall instructions provided in the recall letter and that this recall is being carried out to the Consumer level.
- I have checked my inventory and have quarantined the subject product, we possess _____ units of the same.
- I have or will contact those we further distributed the subject product regarding this recall out to the consumer level.
- Indicate disposition of this recalled product:

Item Description	Lot Number	NDC Number	QTY Returning

Other:

Please check the appropriate box(s) to describe your business:

- Wholesaler/Distributor Hospital/Medical Facility Pharmacy (retail)
 Other: _____

If you have any questions regarding this form or product return, please contact us at:
1+ 877-840-5109. Office hours Monday – Friday (9 am – 5 pm; CST).

PLEASE SEND THIS COMPLETED RECALL RESPONSE FORM TO:

FAX: 1+ (817) 868-5362 EMAIL TO: rxrecalls@inmar.com

MAIL: Inmar, 3845 Grand Lakes Way, STE 125, Grand Prairie, Texas 75050