



URGENT: DRUG RECALL – RESPONSE FORM
Methohexital Sodium for Injection USP, 500mg per vial, 1 vial
Retail Level
6/17/2026

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 Avet Pharma:

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

I have checked my stock and:

- 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 _____.

If you have any questions regarding this form or product return please contact Inmar at **855-937-2930** (office hours 9am to 5pm EST Monday through Friday).

Product Name	Package Description	NDC#	Lot#	Expiration Date	Total Quantity of Units (full and partial vials)
Methohexital Sodium for Injection USP	500mg per vial, 1 vial	23155-893-31	7000612A	Jan 2028	

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

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