Ascent Pharmaceuticals, Inc.
400 S.Technology Drive
Central Islip, New York 11722
Tel: 631-881-4614
Fax: 631-881-4615

RECALL RETURN RESPONSE FORM

Product Name	:	Hydrocodone Bitartrate and Acetaminophen Tablets, USP
Package Size	:	Bottle of 100's count
NDC Number	:	31722-943-01
Lot # & Exp Date	:	20070518 & June 2022

Please check all Appropriate Boxes

[ ] I have read and understand the recall instructions provided in the notification dated 10/26/2020.

[ ] I have checked my stock and have quarantined inventory consisting of _____ bottles/tablets.

[ ] Indicate disposition of recalled product:

[ ] Returned (**specify quantity, date and method** ----------)/held for return----------.

[ ] Destroyed (**specify quantity, date and method)** ----------

[ ] I have identified and notified my customers that were shipped or may have been shipped this product by (**specify date and method of notification**)

_____

<or>

[ ] Attached is a list of customers who received/ may have received this product. Please notify my customers.

Any adverse events associated with recalled product? [ ] Yes [ ] NO.

If yes, please explain: _____

Please check the appropriate box (es) to describe your business

[ ] wholesaler/ distributor
[ ] hospital pharmacies
[ ] pharmacy
[ ] Others : _____

[ ] retailer
[ ] hospital/medical facility
[ ] hospital pharmacies

Name: _____

Title: _____

Phone: _____

Business Name:_____

Address: _____

DEA Number: _____

If Applicable:

Wholesaler Name: _____

Wholesaler DEA number: _____

If you have any questions regarding this form or product return, please contact Inmar at 855-607-9076.

Office hours 9am to 5pm EST Mon thru Fri.

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