

# **RECALL STOCK RESPONSE FORM**

**Product RECALL 9/13/2016 (Hyoscyamine Sulfate 0.125 mg)**

## **VOLUNTARY RECALL**

**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# \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Name (please print) \_\_\_\_\_ Telephone # \_\_\_\_\_

Contact Signature \_\_\_\_\_ Date \_\_\_\_\_

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 \_\_\_\_\_.

| <b>Item Description</b>                                            | <b>NDC</b>          | <b>Pkg Size</b>  | <b>Lot Number</b> | <b>Qty of btl's returning</b> |
|--------------------------------------------------------------------|---------------------|------------------|-------------------|-------------------------------|
| <b>Hyoscyamine Sulfate Sublingual Tablets, 0.125 mg</b>            | <b>76439-309-10</b> | <b>100 Count</b> | <b>30051601</b>   |                               |
| <b>Hyoscyamine Sulfate Sublingual Tablets, 0.125 mg</b>            | <b>76439-309-10</b> | <b>100 Count</b> | <b>30051602</b>   |                               |
| <b>Hyoscyamine Sulfate Sublingual Tablets, 0.125 mg</b>            | <b>76439-309-10</b> | <b>100 Count</b> | <b>30051603</b>   |                               |
| <b>Hyoscyamine Sulfate Sublingual Tablets, 0.125 mg</b>            | <b>76439-309-10</b> | <b>100 Count</b> | <b>30051604</b>   |                               |
| <b>Hyoscyamine Sulfate Orally Disintegrating Tablets, 0.125 mg</b> | <b>76439-307-10</b> | <b>100 Count</b> | <b>30011601</b>   |                               |
| <b>Hyoscyamine Sulfate Tablets, 0.125 mg</b>                       | <b>76439-308-10</b> | <b>100 Count</b> | <b>30031601</b>   |                               |
| <b>Hyoscyamine Sulfate Tablets, 0.125 mg</b>                       | <b>76439-308-10</b> | <b>100 Count</b> | <b>30031602</b>   |                               |

**If you did not purchase the product directly from the Manufacturer please complete the below section.**

Purchased From: Name \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

If you have any questions regarding this form or product return please contact Inmar at 1-800-967-5952 Office hours 8am to 5pm Mon thru Fri.

**Please fax this form to: 1-817-868-5362 or E-mail: [rxrecalls@inmar.com](mailto:rxrecalls@inmar.com)**