

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 _____.

Item Description	NDC	Pkg Size	Lot Number	Qty of btls returning
Hyoscyamine Sulfate Sublingual Tablets, 0.125 mg	76439-309-10	100 Count	30051601	
Hyoscyamine Sulfate Sublingual Tablets, 0.125 mg	76439-309-10	100 Count	30051602	
Hyoscyamine Sulfate Sublingual Tablets, 0.125 mg	76439-309-10	100 Count	30051603	
Hyoscyamine Sulfate Sublingual Tablets, 0.125 mg	76439-309-10	100 Count	30051604	
Hyoscyamine Sulfate Orally Disintegrating Tablets, 0.125 mg	76439-307-10	100 Count	30011601	
Hyoscyamine Sulfate Tablets, 0.125 mg	76439-308-10	100 Count	30031601	
Hyoscyamine Sulfate Tablets, 0.125 mg	76439-308-10	100 Count	30031602	

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