



RECALL STOCK RESPONSE FORM

**RECALL of Revolve™ Advanced Adipose System (Revolve™ System) REF numbers RV0001,
RV0002, and RV0004**

(Retail Level)

(08/02/2017)

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, if it is not provided, the processing of your form will be delayed.*

Address _____

City _____ State _____ Zip _____

Contact Name (please print) _____ Telephone # _____

Contact Signature _____ Date _____

I have checked my stock and:

_____ Do not have any stock of the recalled **items**.

OR

I have quarantined and listed in the box below the quantity of recall 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 _____.



Recalled (Affected) Revolve™ System Lot Numbers and Expiry Dates					
Lot#	Expiry Date	Lot#	Expiry Date	Lot#	Expiry Date
10643	7/31/2017	10826	7/31/2018	11087	10/31/2018
10642	7/31/2017	10827	7/31/2018	11252	10/31/2018
10631	7/31/2017	11235	8/31/2018	3038912	10/31/2018
10629	7/31/2017	10830	8/31/2018	11090	10/31/2018
10630	7/31/2017	11212	8/31/2018	11253	10/31/2018
10633	8/31/2017	11211	8/31/2018	11553	10/31/2018
10634	8/31/2017	11228	8/31/2018	11556	10/31/2018
10635	8/31/2017	11226	8/31/2018	11254	10/31/2018
10637	9/30/2017	11234	8/31/2018	11555	10/31/2018
10636	9/30/2017	11222	8/31/2018	11554	10/31/2018
10694	10/31/2017	11223	8/31/2018	11249	10/31/2018
10693	10/31/2017	11246	8/31/2018	3097870	10/31/2018
10695	10/31/2017	11214	8/31/2018	11324	11/30/2018
10697	11/30/2017	11224	8/31/2018	11250	11/30/2018
10696	11/30/2017	11216	8/31/2018	11251	11/30/2018
10702	12/31/2017	11217	8/31/2018	11325	11/30/2018
10700	12/31/2017	11208	8/31/2018	3103907	11/30/2018
10704	1/31/2018	11213	8/31/2018	11331	1/31/2019
10705	1/31/2018	11210	8/31/2018	11579	1/31/2019
10785	2/28/2018	11225	8/31/2018	11822	1/31/2019
10708	2/28/2018	11089	8/31/2018	11330	1/31/2019
10706	2/28/2018	11229	8/31/2018	11328	1/31/2019
10786	3/31/2018	11215	8/31/2018	11326	1/31/2019
10787	3/31/2018	11227	8/31/2018	11819	1/31/2019
10791	3/31/2018	10790	8/31/2018	11578	1/31/2019
10792	3/31/2018	11209	8/31/2018	11821	1/31/2019
10793	4/30/2018	11232	9/30/2018	11327	1/31/2019
10788	4/30/2018	11248	9/30/2018	11329	1/31/2019
10795	4/30/2018	11230	9/30/2018	11820	1/31/2019
10794	4/30/2018	11236	9/30/2018	11257	2/28/2019
10838	4/30/2018	11247	9/30/2018	11852	2/28/2019
10840	5/31/2018	11231	9/30/2018	11255	2/28/2019
10789	5/31/2018	11237	9/30/2018	11854	2/28/2019
10796	5/31/2018	11233	9/30/2018	11853	2/28/2019
10825	6/30/2018	3038910	10/31/2018	11256	2/28/2019
11088	2/28/2019				

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

Purchased From: Wholesaler Name _____ DEA # _____

City _____ State _____

If you have any questions regarding this form or product return please contact Inmar at 1-800-967-5952. Office hours 9am to 5pm EST Mon thru Fri.

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