

PRODUCT RECALL RESPONSE FORM
URGENT DRUG RECALL- RETAIL

Please complete the required information and fax to **1-817-868-5362**
or email to rxrecalls@inmar.com

To the Attention of Drug Safety/ Recall Services-Zydus Pharmaceuticals USA Inc.

Product Detail	NDC	Lot No.	Exp Date	No. of Bottle Purchased	No of Bottles consumed	No. of bottles in Possession	No of Bottles to be returned
Carvedilol Tablets, USP 25mg	68382-095-05	Z006279	December 31, 2022				

No. of Returns kit required: _____

Please mark as applicable

☐ We currently do not have any inventory of the above listed Lot/bottles

☐ We are notifying our customers

☐ We have identified and notified my customers that were shipped or may have been shipped this product
by _____;

☐ Attached is the list of customers who received/ may have received this product. Please
notify my customers.

Any adverse event associated with recalled product? ☐ Yes ☐ No

If yes, please explain:

Please check appropriate box to describe your business

☐ Wholesaler/Distributor

☐ Retailers

☐ Repackager

☐ Manufacturer

☐ Pharmacy- Retail

www.zydususa.com

___ Hospital/ Medical Facility

___ Hospital Pharmacies

___ Medical Laboratory

___ Other: _____

Name: _____

Title: _____

Tel Number: _____

Firm Name: _____ DEA# _____

Address: _____

City/ State: _____

If you have not purchased, the concerned lot directly from Zydus Pharmaceuticals USA Inc., then please provide details of your wholesaler: _____ (Name, City) DEA# _____

Signature: _____

Date: _____