



RECALL STOCK RESPONSE FORM

RECALL of Nitrofurantoin Oral Suspension USP 25mg/5mL, 230 mL Bottle
(Retail Level) (Expansion of Lots)
(12/20/2018)

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 _____.

Item Description	NDC	Lot #	Qty returning
Nitrofurantoin Oral Suspension USP 25mg/5mL, 230 mL Bottle	43386-450-11	S700065	
		S700619	
		S700038	
		S700044	
		S700059	
		S700065	
		S700410	
		S700427	
		S700617	
		S700619	
		S700813	
		S700815	
		S700869	
		S700871	
		S700873	
		S700875	
		S701073	

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