



RECALL STOCK RESPONSE FORM

**RECALL of COMBIGAN® 0.2%/0.5% and one lot of LUMIGAN® 0.01%
(Retail Level)
(10/23/2017)**

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 _____.

Item Description	NDC	Lot #	Qty returning
COMBIGAN® 0.2%/0.5%	0023-9211-05	94715	
COMBIGAN® 0.2%/0.5%	0023-9211-05	94757	
COMBIGAN® 0.2%/0.5%	0023-9211-05	94715A	
COMBIGAN® 0.2%/0.5%	0023-9211-05	95297	
COMBIGAN® 0.2%/0.5%	0023-9211-03	94659	
COMBIGAN® 0.2%/0.5%	0023-9211-10	95223	
COMBIGAN® 0.2%/0.5%	0023-9211-15	95220	
LUMIGAN® 0.01%	0023-3205-03	92575	

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