



URGENT RECALL-RETAIL LEVEL

**Endocet® (oxycodone/acetaminophen, USP) 10/650mg Tablets, 100 count bottles
(NDC 60951-797-70) - Lot #: 402794NV
VOLUNTARY RECALL – 05/07/2012**

Item Description	NDC	Pkg Size	Lot #	Qty of btls returning
Endocet® (oxycodone/acetaminophen, USP) 10/650mg Tablets	60951-797-70	100ct	402794NV	

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.

Name _____ DEA # _____

**DEA # is required, if 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

Have quarantined and listed in the box below the qty of recalled units 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 _____.

AND

_____ I have notified my retail-level customers

_____ I have NOT notified my retail-level customers

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

Purchased From: Name _____ DEA# _____

Address _____

City _____ State _____ Zip _____

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

If you have any questions regarding this form or product return please contact Inmar at 1-800-967-5952. Office hours
7am to 5pm Mon thru Fri..

DATA BASE _____ ST LOAD _____ SCANNED _____ RA LABELS _____ KIT _____