



CHARACTER. COMMITMENT. COMMUNITY.

WITHDRAWAL RESPONSE FORM

All Propoxyphene-containing Products

Table with 4 columns: PRODUCT DESCRIPTION, NDC NUMBER, LOT #, Units Returning. Lists various Propoxyphene HCl and Napsylate products with their respective NDC and lot numbers.

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.

Store Name \_\_\_\_\_ DEA # \_\_\_\_\_
\*DEA # is required, if not provide 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 any Propoxyphene-containing product.

OR

Have quarantined and listed in the box above the qty of units of product. I will be returning to CLS MedTurn, an Inmar company, as soon as possible. Upon receipt of this Response Form, CLS MedTurn, an Inmar company, will issue return authorization labels \_\_\_\_\_ (please indicate the # of box labels needed.)

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

Required for crediting purposes

Purchased From (Wholesaler) Name \_\_\_\_\_

Wholesaler DEA # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

If you have any questions regarding this form or product return please contact CLS MedTurn, an Inmar company at 1-800-967-5952

Please fax this form to: 1-817-868-5343 or E-mail at: rarequest@inmar.com