



CHARACTER. COMMITMENT. COMMUNITY.

## WITHDRAWAL RESPONSE FORM

### All Propoxyphene-containing Products

PRODUCT DESCRIPTION	NDC NUMBER	LOT #	Units Returning
Propoxyphene HCl Capsules, USP 65 mg	0603-5110-21	ALL	
Propoxyphene HCl Capsules, USP 65 mg	0603-5110-28	ALL	
Propoxyphene HCl / Acetaminophen Tablets, USP 65/650 mg	0603-5462-21	ALL	
Propoxyphene HCl / Acetaminophen Tablets, USP 65/650 mg	0603-5462-28	ALL	
Propoxyphene Napsylate / Acetaminophen Tablets, USP 50/325 mg	0603-5465-21	ALL	
Propoxyphene Napsylate / Acetaminophen Tablets, USP 100/650 mg (Orange)	0603-5466-21	ALL	
Propoxyphene Napsylate / Acetaminophen Tablets, USP 100/650 mg (Orange)	0603-5466-28	ALL	
Propoxyphene Napsylate / Acetaminophen Tablets, USP 100/650 mg (Orange)	0603-5466-32	ALL	
Propoxyphene Napsylate / Acetaminophen Tablets, USP 100/650 mg (White)	0603-5467-16	ALL	
Propoxyphene Napsylate / Acetaminophen Tablets, USP 100/650 mg (White)	0603-5467-21	ALL	
Propoxyphene Napsylate / Acetaminophen Tablets, USP 100/650 mg (White)	0603-5467-28	ALL	
Propoxyphene Napsylate / Acetaminophen Tablets, USP 100/650 mg (White)	0603-5467-32	ALL	
Propoxyphene Napsylate / Acetaminophen Tablets, USP 100/650 mg (Pink)	0603-5468-02	ALL	
Propoxyphene Napsylate / Acetaminophen Tablets, USP 100/650 mg (Pink)	0603-5468-04	ALL	
Propoxyphene Napsylate / Acetaminophen Tablets, USP 100/650 mg (Pink)	0603-5468-16	ALL	
Propoxyphene Napsylate / Acetaminophen Tablets, USP 100/650 mg (Pink)	0603-5468-20	ALL	
Propoxyphene Napsylate / Acetaminophen Tablets, USP 100/650 mg (Pink)	0603-5468-21	ALL	
Propoxyphene Napsylate / Acetaminophen Tablets, USP 100/650 mg (Pink)	0603-5468-22	ALL	
Propoxyphene Napsylate / Acetaminophen Tablets, USP 100/650 mg (Pink)	0603-5468-28	ALL	
Propoxyphene Napsylate / Acetaminophen Tablets, USP 100/650 mg (Pink)	0603-5468-32	ALL	

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](mailto:rarequest@inmar.com)**