



**DR. REDDY'S**

Dr. Reddy's Laboratories, Inc.  
200 Somerset Corporate Blvd.  
7<sup>th</sup> Floor  
Bridgewater, NJ 08807

## **URGENT: DRUG RECALL**

### **Recall Response Form**

PLEASE COMPLETE AND RETURN THIS FORM PROMPTLY

#### **RECALL – RETAIL LEVEL**

<b>Product Description</b>	<b>Size</b>	<b>NDC</b>	<b>Batch/Lot Number</b>	<b>Expiration Date</b>	<b>Quantity*</b>
Simvastatin tablets USP	30ct	55111-268-30	C002496	03/2012	

**\*please complete quantity available for return**

#### **Dr. Reddy's Direct Customer:**

Please fax this page to: 1-817-868-5343. By doing so, this will acknowledge that you have received the recall letter and taken the appropriate action.

Customer Name \_\_\_\_\_ Customer # \_\_\_\_\_

Customer Telephone Number \_\_\_\_\_

Number of Boxes Being Returned \_\_\_\_\_

Contact Name \_\_\_\_\_

Contact Signature \_\_\_\_\_ Date \_\_\_\_\_

#### **Pharmacy:**

Please fax this page to: 1-817-868-5343. By doing so, this will acknowledge that you have received the recall letter and taken the appropriate action.

DEA # \_\_\_\_\_

Store Name/Number \_\_\_\_\_

Pharmacy Telephone Number \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Number of Boxes Being Returned \_\_\_\_\_

Credit Through \_\_\_\_\_

Contact Name \_\_\_\_\_

Contact Signature \_\_\_\_\_ Date \_\_\_\_\_