



DR. REDDY'S

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

URGENT: DRUG RECALL

Recall Response Form

PLEASE COMPLETE AND RETURN THIS FORM PROMPTLY

RECALL – RETAIL LEVEL

Product Description	Size	NDC	Batch/Lot Number	Expiration Date	Quantity*
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 _____