

RECALL STOCK RESPONSE FORM

Obagi Medical C-Cleansing Gel, One liter bottle
Lot number 1304400-13B1017, UPC Code 362032070544

Please fill out this form completely. Doing so will acknowledge that you have read and understand the recall instructions and have taken the appropriate action.

Note: Federal Regulations require that you comply with this request to respond even if you do not have the recalled product.

Name _____ DEA # _____
**DEA # is required, if not provide the processing of your form will be delayed.*

Address _____

Contact Name (please print) _____ Telephone # _____

Email address _____

Contact Signature _____ Date _____

I have checked my stock and:

- ☐ We do not have any stock of the recalled **items**.
- ☐ I have product to be returned and will require _____ shipping labels. Please indicate quantity below.

Distributor Name: _____ Date _____

| Item Description | Lot | UPC | Quantity Returning |
|---|-----------------|--------------|--------------------|
| Obagi Medical C-Cleansing Gel, One Liter Bottle | 1304400-13B1017 | 362032070544 | |

If you have any questions regarding this form please contact Inmar at 1-800-967-5952 Office hours are 7am to 5pm (CST), Monday through Friday.

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

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