

Teva Pharmaceuticals USA Inc.

URGENT DRUG RECALL – RETAIL LEVEL – Initiated 4/24/2012

STOCK RESPONSE FORM

Cabergoline Tablets, 0.5mg

Please fill out completely

Date: _____

DIRECT CUSTOMERS ONLY: Does this response include all DC locations? YES ☐ NO ☐

Customer/Store Name: _____

DEA #: _____

**DEA # is required; if not provided the processing of your form will be delayed.*

Address: _____

City: _____ State: _____ Zip: _____

Contact Name (please print) _____ Telephone #: _____

Lot #	Exp Date	NDC #	Size	Qty. to Return (Count partial as 1)
6A007046V	7/2012	0093-5420-88	8 count bottle	

I have checked my stock and:

_____ I **do not** have stock of the recalled item(s) OR _____ I **do** have stock of the recalled item(s) listed above.

Please send me _____ shipping box labels

NON DIRECT CUSTOMERS ONLY: Please complete the following:

Purchased From (Wholesaler name): _____ DEA #: _____

City: _____ State: _____

Inquiries regarding this recall are to be directed to the following:

Recall Stock Response forms - If your return kit is not received between 7-10 business days contact Inmar at 800-967-5952, Option 1 then Option 3. Please **do not resubmit** response form.

Customer service related questions - contact Teva Customer Services at 800-545-8800

Medical related questions - contact Teva Medical Affairs 215-641-6974

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

Inmar/MedTurn Use Only: _____

Scan	Labels	Store	Kit	D.B
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