Business Response Form

OXECTA™ (oxycodone HCl, USP) Tablets - CII

NDC	Lot Number	Expiration Date	Strength	Configuration/Count
60793-525-01	13T02	12/2015	5 mg	Bottles of 100 Tablets
60793-526-01	13T03	12/2015	7.5 mg	Bottles of 100 Tablets

All customers are requested to complete the associated Business Response Form (BRF) as soon as possible. Customers may complete the BRF via:

- Email by sending a scanned copy of the BRF to recallnotice@inmar.com
- Fax by faxing the completed form to 817-868-5362

Receipt of the BRF will serve as confirmation that you have received this recall notification. **For regulatory reporting purposes, it is important that you return this completed form, even if you do not have product to return.**

To report an adverse events, please contact Pfizer Medical Information at 1-800-438-1985.

If you have product to return, please provide the following information:

NDC	Lot Number	Quantity on Hand (Bottles)
60793-525-01	13T02	
60793-526-01	13T03	

Please provide ____ return kits to facilitate return of the recalled product.

If you have no product to return, please confirm below:

☐ We have no product to return.

Date Form Completed: _____

Contact Name (printed): _____

Telephone Number: _____

DEA Number: _____

Name of Facility: _____

Street Address: _____

City, State, and Zip _____

Wholesaler Name _____

Debit Memo Number _____

(required for crediting purposes)

If you have any questions regarding the recall process, please contact Inmar at 800-967-5952.

Event ID: N130098
Consignee ID:
Consignee Business Name