



## **RECALL STOCK RESPONSE FORM**

### **Product RECALL (PANTOPRAZOLE SODIUM DELAYED RELEASE TABLETS USP 40 mg)**

**VOLUNTARY RECALL AMENDED – 11/27/2013**

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

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

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

Address \_\_\_\_\_

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

Contact Name (please print) \_\_\_\_\_ Telephone # \_\_\_\_\_

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

#### **I have checked my stock and:**

\_\_\_\_\_ Do not have any stock of the recalled **items**.

**OR**

Have quarantined and listed in the box below the qty of recalled units I will be returning to Inmar, as soon as possible. Upon receipt of this Response Form, Inmar, will issue return authorization label(s) Please indicate the # of needed box labels \_\_\_\_\_.

Item Description	NDC	Lot #	Qty returning
<b>PANTOPRAZOLE SODIUM DELAYED RELEASE TABLETS USP 40 mg</b>	<b>64679-434-02</b>	<b>DM12286</b>	

#### **If you did not purchase the product directly from the Manufacturer please complete the below section.**

Purchased From: Wholesaler Name \_\_\_\_\_ DEA # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

If you have any questions regarding this form or product return please contact Inmar at 1-800-967-5952.  
Office hours 7am to 5pm Mon thru Fri.

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

DATA BASE \_\_\_\_\_ ST LOAD \_\_\_\_\_ SCANNED \_\_\_\_\_ RA LABELS \_\_\_\_\_ KIT \_\_\_\_\_