

RECALL RESPONSE FORM

PRODUCT RECALL Alprazolam Tablets USP 2mg, 100 ct. and 500 ct. bottles

VOLUNTARY RECALL – RETAIL LEVEL

PRODUCT DESCRIPTION	NDC NUMBER	LOT #	EXP DATE	Units Returning
Alprazolam Tablets USP 2mg; 100 count bottle	0603-2130-21	T025D10A	Jun-12	
Alprazolam Tablets USP 2mg; 100 count bottle	0603-2130-21	T026D10A	Jun-12	
Alprazolam Tablets USP 2mg; 100 count bottle	0603-2130-21	T023D10B	Apr-12	
Alprazolam Tablets USP 2mg; 100 count bottle	0603-2130-21	T024D10B	Apr-12	
Alprazolam Tablets USP 2mg; 100 count bottle	0603-2130-21	T182H10A	Sep-12	
Alprazolam Tablets USP 2mg; 100 count bottle	0603-2130-21	T185H10A	Oct-12	
Alprazolam Tablets USP 2mg; 100 count bottle	0603-2130-21	T020J10A	Oct-12	
Alprazolam Tablets USP 2mg; 100 count bottle	0603-2130-21	T021J10A	Oct-12	
Alprazolam Tablets USP 2mg; 100 count bottle	0603-2130-21	T003L10A	Dec-12	
Alprazolam Tablets USP 2mg; 100 count bottle	0603-2130-21	T178M10A	Jan-13	
Alprazolam Tablets USP 2mg; 100 count bottle	0603-2130-21	T179M10A	Jan-13	
Alprazolam Tablets USP 2mg; 100 count bottle	0603-2130-21	T202B11A	Feb-13	
Alprazolam Tablets USP 2mg; 100 count bottle	0603-2130-21	T239C11A	Feb-13	
Alprazolam Tablets USP 2mg; 100 count bottle	0603-2130-21	T025D11A	Mar-13	
Alprazolam Tablets USP 2mg; 100 count bottle	0603-2130-21	T024D11A	Mar-13	
Alprazolam Tablets USP 2mg; 100 count bottle	0603-2130-21	T026D11A	Mar-13	
Alprazolam Tablets USP 2mg; 100 count bottle	0603-2130-21	T027D11A	Mar-13	
Alprazolam Tablets USP 2mg; 100 count bottle	0603-2130-21	T019E11A	Apr-13	
Alprazolam Tablets USP 2mg; 100 count bottle	0603-2130-21	T020E11A	Apr-13	
Alprazolam Tablets USP 2mg; 100 count bottle	0603-2130-21	T021E11A	Apr-13	
Alprazolam Tablets USP 2mg; 100 count bottle	0603-2130-21	T021H11A	May-13	
Alprazolam Tablets USP 2mg; 100 count bottle	0603-2130-21	T017J11A	Aug-13	
Alprazolam Tablets USP 2mg; 100 count bottle	0603-2130-21	T016J11A	Aug-13	
Alprazolam Tablets USP 2mg; 100 count bottle	0603-2130-21	T020K11A	Sep-13	
Alprazolam Tablets USP 2mg; 500 count bottle	0603-2130-28	T148M09A	Dec-11	
Alprazolam Tablets USP 2mg; 500 count bottle	0603-2130-28	T164M09A	Dec-11	
Alprazolam Tablets USP 2mg; 500 count bottle	0603-2130-28	T022D10A	Apr-12	
Alprazolam Tablets USP 2mg; 500 count bottle	0603-2130-28	T023D10A	Apr-12	
Alprazolam Tablets USP 2mg; 500 count bottle	0603-2130-28	T024D10A	Apr-12	
Alprazolam Tablets USP 2mg; 500 count bottle	0603-2130-28	T026D10B	Jun-12	
Alprazolam Tablets USP 2mg; 500 count bottle	0603-2130-28	T183H10B	Oct-12	
Alprazolam Tablets USP 2mg; 500 count bottle	0603-2130-28	T184H10A	Oct-12	
Alprazolam Tablets USP 2mg; 500 count bottle	0603-2130-28	T186H10A	Oct-12	
Alprazolam Tablets USP 2mg; 500 count bottle	0603-2130-28	T187H10A	Oct-12	

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Alprazolam Tablets USP 2mg; 500 count bottle	0603-2130-28	T180M10A	Jan-13	
Alprazolam Tablets USP 2mg; 500 count bottle	0603-2130-28	T076B11A	Feb-13	
Alprazolam Tablets USP 2mg; 500 count bottle	0603-2130-28	T201B11A	Feb-13	
Alprazolam Tablets USP 2mg; 500 count bottle	0603-2130-28	T240C11A	Feb-13	
Alprazolam Tablets USP 2mg; 500 count bottle	0603-2130-28	T028D11A	Mar-13	
Alprazolam Tablets USP 2mg; 500 count bottle	0603-2130-28	T029D11A	Mar-13	
Alprazolam Tablets USP 2mg; 500 count bottle	0603-2130-28	T017E11A	Mar-13	
Alprazolam Tablets USP 2mg; 500 count bottle	0603-2130-28	T018E11A	Mar-13	
Alprazolam Tablets USP 2mg; 500 count bottle	0603-2130-28	T022H11A	May-13	
Alprazolam Tablets USP 2mg; 500 count bottle	0603-2130-28	T018J11A	Aug-13	
Alprazolam Tablets USP 2mg; 500 count bottle	0603-2130-28	T019K11A	Sep-13	

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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.

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 # _____

Contact Signature _____ Date _____

I have notified my customers that were sold/shipped affected recalled product

Circle one: **YES** or **NO**- I did not sell/ship affected product.

I have checked my stock and:

_____ Do not have any stock of the recalled products listed above.

OR

Have quarantined and listed in the box above the qty of units the above product lots. I will be returning to CLS MedTurn, an Inmar company, as soon as possible. Upon receipt of this Response Form, CLS MedTurn, an Inmar company, will issue return authorization labels _____ (please indicate the # of box labels needed.)

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

Purchased From: Name _____ DEA # _____

Address _____

City _____ State _____ Zip _____

If you have any questions regarding this form or product return please contact
CLS MedTurn, an Inmar company at 1-800-967-5952

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