



An AmerisourceBergen Company

RECALL STOCK RESPONSE FORM

RECALL of AHP Nabumetone Tablets, USP, 500 mg, 100UD;
Carton NDC#: 60687-374-01, (Individual Dose NDC: 60687-374-11)

(Retail Level)
(06/10/2020)

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

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 it is not provided, the processing of your form will be delayed.*

Address _____

City _____ State _____ Zip _____

Contact Name (please print) _____ Telephone # _____

Email: _____

Contact Signature _____ Date _____

I have checked my stock and:

Do not have any stock of the recalled items. **OR**

I have quarantined and listed in the box below the quantity of recall units and 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

Product Description	AHP Lot No.	Expiration Date	Quantity Returning
AHP Nabumetone Tablets, USP, 500 mg, 100UD	189551	04/30/2021	
Carton NDC#: 60687-374-01			
(Individual Dose NDC: 60687-374-01)			

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 888-985-9041. Office hours 9am to 5pm EST Mon thru Fri.