



An AmerisourceBergen Company

RECALL STOCK RESPONSE FORM

RECALL of (AHP Doxycycline Hyclate Tablets, USP 100 mg; Carton NDC#: 62584-693-21, (Individual Dose NDC: 62584-693-11)

(Retail Level)
(05/19/2020)

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 Doxycycline Hyclate Tablets, USP 100 mg 30 count Unit Dose Blisters Carton NDC#: 62584-693-21 (Individual Dose NDC: 62584-693-11)	179605	06/30/2020	
	181105	08/31/2020	
	183019	01/31/2021	

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 855-528-8394. Office hours 9am to 5pm EST Mon thru Fri.