

**RECALL STOCK RESPONSE FORM**

**RECALL of (AHP Anastrozole Tablets)  
(Retail Level)  
(05/08/2019)**

**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 # \_\_\_\_\_  
 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	Qty Returning
<b>Anastrozole Tablets, USP 1 mg 30 count Unit Dose Blisters</b>  <b>Carton NDC#: 60687-112-21</b> <b>(Individual Dose NDC: 60687-112-11)</b>	175289A	8/31/2019	
	175286B	8/31/2019	
	175290B	8/31/2019	
	179906A	3/31/2020	
	183252A	9/30/2020	
	184611A	11/30/2020	

**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 9am to 5pm EST Mon thru Fri.

**Please fax this form to: 1-817-868-5362 or E-mail [rxrecalls@inmar.com](mailto:rxrecalls@inmar.com)**