AMERICAN HEALTH PACKAGING®
An AmerisourceBergen Company

RECALL STOCK RESPONSE FORM

RECALL of (AHP Pramipexole Dihydrochloride Tablets)
(Retail Level)
(05/13/2019)

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
Pramipexole Dihydrochloride Tablets, 0.125 mg, 30 UD **Carton NDC#: 68084-793-25** **(Individual Dose NDC: 68084-793-95)**	179049	12/31/2019	
	182571	8/31/2020	
Pramipexole Dihydrochloride Tablets, 0.25 mg, 100 UD **Carton NDC#: 68084-440-01** **(Individual Dose NDC: 68084-440-11)**	172669	05/31/2019	
	175872	09/30/2019	
	177086	09/30/2019	
	179047	12/31/2019	
	182584	07/31/2020	
Pramipexole Dihydrochloride Tablets, 0.5 mg, 30 UD **Carton NDC# :68084-974-25** **(Individual Dose NDC: 68084-974-95)**	175820	09/30/2019	
	176569	09/30/2019	
	177866	12/31/2019	
	179627A	12/31/2019	
	179627B	12/31/2019	
	181627	06/30/2020	
Pramipexole Dihydrochloride Tablets, 1 mg, 30 UD **Carton NDC#: 68084-982-25** **(Individual Dose NDC: 68084-982-95)**	176179	05/31/2019	
	176616	07/31/2019	
	178562	09/30/2019	
	179947	12/31/2019	
	182048	04/30/2020	
	183136	06/30/2020	
	184217	08/31/2020	

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