

Urgent Product Recall Notification

We are requesting the return of lot #(s) 09338-001, 09279-11, 10354-001, 11042-006 manufactured by **American Regent** as follows:

Level of Recall:	Voluntarily Retail level
Product:	Dexamethasone SOD PHOS 4mg/ml
Reason:	Recall due to some vials for the affected lots either contain particulates or have the potential to form particulates prior to their respective expiration dates.
Lot #s	09338-001, 09279-11, 10354-001, 11042-006
Mfg	American Regent
Mfgs. NDC #	0517-4905-25

This voluntary recall is extended to the retail level and is being made with the knowledge of the Food and Drug Administration.

Our records show that product with the referenced Lot # (s) has been shipped to your clinic in the past. Please examine your inventory to verify if you have product from these lots remaining in stock. If so, **please discontinue dispensing Dexamethasone, quarantine the product and promptly call Pharmedix at 1-800-486-1811, Ext. 17** to obtain the approved paperwork to return all concerned product to us for credit to your account.

Please check the appropriate box below, sign where indicated **and fax this form back to Pharmedix at 1-800-783-2038** *even if you do not have any product from the indicated Lot # remaining in stock.*

Sincerely,
Deanna Reed
Client Services
800-486-1811x17

Clinic Code	Order Code	PMX Lot #	Rx #	Quantity

Check appropriate box:

Received affected Lot Number(s) – Do not have any stock on hand.

Received affected Lot Number(s) – Have ____ units remaining in stock.

Person verifying stock status (print): _____

Date: _____

Signature: _____