

Urgent Product Recall Notification

We are requesting the return of lot # **10027-011** manufactured **Sandoz** by as follows:

Level of Recall:	Retail level
Product:	Methylpred Acetate 40mg/ml SDV
Reason:	This is recalled due to the product is labeled with incorrect expiration date. No other lots, strengths, packages or formulations are being recalled based on this notification.
Lot #s	10027-011
Mfg	Sandoz
Mfgs. NDC #	0781-3131-71

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

This recall is only to your clinic level. **You do not need to contact any clients to whom the product was dispensed.**

Please fill out this sheet and fax it back to me, even if you do not have any in stock. Thanks

Our records show that product with the referenced Lot #s has been shipped to your clinic. Please examine your inventory to verify if you have product from these Lots remaining in stock. If so, **please discontinue dispensing it and promptly call Pharmedix at 1-800-486-1811, Ext. 11** 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,

Tonya Tameem

Client Services
800-486-1811x11

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: _____