

Recall Form

Please list each product and quantity that you are returning. Use additional sheets and attach as needed.

Send the completed form(s) to:

Email: recall@medinatura.com **Fax:** 505-291-1454

Mail: Attn: Recall Team 10421 Research Road SE Albuquerque NM 87123

Product Name	Dosage Form	UPC#	Lot#	Quantity

OR: I have NONE of these lot numbers in my possession I destroyed the product

I have checked my stock and have quarantined inventory consisting of _____ units. (total units)

I have identified and notified my customers/patients that may have received this product. (N/A for consumers)

Please check the appropriate box(es) to describe you or your business:

MediNatura Customer-Customer Number (if applicable) _____

I am a MediNatura customer, but I don't know my Customer Number

Wholesale Distributor Health Practitioner -Type: _____

Retailer On-line Retailer Other _____

Consumer-Where did you purchase the product? _____

Consumer refund will be MSRP (less sales tax) unless proof of purchase showing otherwise is provided.

Refund:

I prefer a CREDIT to my account Please send a CHECK

NOTE: Payment processing may take several weeks.

Name/Company Name: _____ Title: _____

Telephone:_(_____) _____ Fax: (_____) _____ E-mail: _____

Address: _____

City, State & Zip: _____

Attn: _____

How would you like the call tag delivered? (Enter specific information if different from above)

Email – enter email address: _____ Fax – enter number: _____

Mail – enter mailing address: _____

Comments: