



Mylan New Zealand Limited
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ACKNOWLEDGEMENT FORM - FORM 1

PACIFIC ATENOLOL (Atenolol) 50mg and 100mg TABLETS

ALL BATCHES

Please complete this acknowledgment form and FREEFAX it to 0800 620 620 or 0508 836 566 even if no stock of Pacific Atenolol is held

RETURN FORM – PLEASE USE FOR PHARMACY STOCK RETURNS

I have checked my stock and have:-

- a) No stock of this product on hand (tick box)
or
- b) Yes, I have stock on hand (tick box)

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Number of bottles being returned:

50mg	100mg
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Instructions for PHARMACY STOCK RETURN & CREDIT:

1. Please return all stock for credit to:
Mylan New Zealand Limited
2B George Bourke Drive, Mt Wellington, Auckland
2. Include a copy of this form with your stock
3. Please mark the package "Recalled Stock"
4. Call NZ Couriers on FREEPHONE 0800 800 841 and quote "Mylan New Zealand's account number 2275730"
5. Non-account customers only: If you DO NOT hold an account with Mylan New Zealand, please provide your bank details below for ease of credit processing:

Account name _____ Bank Account Number _____

Customer Name and Address:

Your Name: _____ Position: _____

Date: _____ Signature: _____



PATIENT RETURN – FORM 2

PACIFIC ATENOLOL (Atenolol) 50MG and 100mg TABLETS

RETURN FORM – PLEASE USE FOR PATIENT RETURNS

Number of containers being returned

(Please remove patient identification details from the containers or transfer the tablets to a suitably labelled bottle for return to Mylan NZ)

Instructions for PATIENT RETURNS:

1. Please return all stock to:

**Mylan New Zealand Limited
2B George Bourke Drive, Mt Wellington, Auckland**

2. Include a copy of this form with your stock

3. Please mark the package "Recalled Stock"

4. Call NZ Couriers on FREEPHONE 0800 800 841 and quote "Mylan New Zealand's account number 2275730"

I acknowledge that the above details are correct and that any product as listed in this form will be returned to Mylan New Zealand, immediately.

Customer Name and Address:

Your Name: _____ Position: _____

Date: _____ Signature: _____