



Pfizer New Zealand
 Level 1, Suite 1.4, Building B,
 8 Nugent St, Grafton
 Auckland 1023
 New Zealand

PRODUCT RECALL ACKNOWLEDGMENT FAX BACK FORM

TO: PFIZER NEW ZEALAND LIMITED
ATTENTION: TRADE OPERATIONS DEPARTMENT
FAX No.: 0800 735 045
EMAIL: nz.nch.nz@pfizer.com
SUBJECT: **RECALL OF:**
Dimetapp Daytime Nighttime Liquid Capsules 24s
Batch #'s D8328 (Expiry Date: 07/2016) and D6331
(Expiry Date 02/2016)

FROM (Business Name): _____
CONTACT PERSON: _____
TELEPHONE No.: _____
FAX No.: _____

We do / do not have stock which is subject to this recall.

Packs subject to recall (whole packs or partly-used packs currently held in quarantine):

Batch: **D8328** Qty: _____
 Batch: **D6331** Qty: _____

Stock purchased from Pfizer or Wholesaler

Wholesaler name (if applicable): _____

Any other relevant details/comments:

Signed: _____ **Date:** _____
Name: _____ **Position:** _____
