

Batch recall form

Name and Address of Pharmacy:

Telephone number: _____

Account Number: _____

Product Name	Batch numbers	Quantity for Recall
Valtan 40 mg film-coated tablets	11DHUD	
Valtan 80 mg film-coated tablets	11EGVD	
Valtan 160 mg film-coated tablets	11FL1A	
Amlopidine/Valsartan Clonmel 5mg/80mg film-coated tablets	11FG7D	