

URGENT - VOLUNTARY DRUG RECALL

21 January 2022

Dear Valued Customer:

This notification is to inform you of a **recall to the RETAIL level** involving the Over-the-Counter (OTC) drug sold as:

Extra Strength Headache Relief

Immediately examine your inventory and quarantine any of the above listed lot numbers. Please inform your retail customers about this recall. Retailers must return product directly to their wholesaler. Product returned to Mechanical Servants, LLC (Convenience Valet) will not be credited to the retailer.

NOTE: Please have the retailers return ONLY lot numbers listed in the table below to you. Credit will be issued only against those lot numbers to the wholesalers. No reimbursements will be issued to retailers.

Please use the return form on the second page below to advise of returned product and include a copy with any return. Also, please closely track associated costs including shipping & handling. If you have any further questions, please call Customer Service (800-351-2000) for assistance. Thank you, your cooperation with this matter is greatly appreciated.

Product Description	CV Item	CV Case UPC	Lot Numbers Affected
Headache Relief	7513-, 8149-, 8154-, MX- R9294-, ** where the asterisks are alpha, numeric or alpha & numeric characters	0 94187 17513 2 0 94187 38149 6 0 14558 59294 8	524452, 530198, 530199, 530311, 530872, 530873, 531022, 531030, 531189, 531537, 531746, 531808, 531922, 532032, 532742, 533148, 533420, 533502, 533512, 533582, 533644, 533732, 533734, 533946, 534271, 534293, 534375, 534460, 534461, 534589, 534626, 534735, 534833, 534930, 534956, 535081, 535097, 535253, 535272, 535394, 535435, 535436, 535466, 535511, 535584, 535685, 536211, 536318, 536766, 536957, 536978, 537071, 537817, 538167

We will only accept the CV SKU number listed below

<u>Please return product to:</u> Convenience Valet 200 Regency Drive Glendale Heights, IL 60139

NOTE: Product must be returned before 1 June 2022.





Recall Return Form

Add RA#122821 to all packages

Distributor:					
CV Customer Number:					
Contact Name:					
Contact telephone number:					
Contact Email:					
Bill To: Address					

We will only accept CV SKU number/lot(s) shown in the table

ltem Number	Quantity Returned	UOM (in eaches)	Price each	Total

Shipping/Handling costs: \$_____ Please include a copy or itemization of shipping/handling costs.

Please include a copy of this form with the returned product AND FAX or TEXT TO: (708) 486-1571

Thank You,

Towana Shane Quality Assurance Manager



200 Regency Drive • Glendale Heights, IL 60139 • www.cvalet.com