



**RECALL-RESPONSE FORM**

**Systane® Night Gel  
GenTeal® Tears Severe Gel**

See full document included for detailed information.

April 27, 2026

Dear Customer,

Please refer to attached URGENT: DRUG RECALL received from Alcon for detailed information and instructions to follow. You have been contacted because our records indicate that you may have received one or more of the affected lots that Cesar Castillo LLC distributed. **This Recall should be communicated to the consumer.** Please post the NOTICE OF PRODUCT RECALL (last page) at your retail location.

In case you have the affected lot on hand, please cease distribution and quarantine immediately. Please carefully read the Recall Notice issued by ALCON and follow instructions.

Please fill this form and return within 24 hours to [Recalls@cesarcastillo.com](mailto:Recalls@cesarcastillo.com) .

Mark all that apply:

\_\_\_\_\_ I have read and understand the notification instructions.

\_\_\_\_\_ I have checked my stock and have quarantined the following inventory:

Product Description	NDC #	Lot #	QTY (vials)
Systane® Night Gel	0065-0474-01	9T21	
Systane® Night Gel	0065-0474-01	2U47	
Systane® Night Gel	0065-0474-01	8V54	
Systane® Night Gel	0065-0474-01	9V39	
Systane® Night Gel	0065-0474-01	9V97	
GenTeal® Tears Severe Gel	0065-8064-01	9T50	

\_\_\_\_\_ I do not have on hand any of the affected lots.

Your timely response to this notification is requested. Thank you.

Facility name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Name & Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Email address: \_\_\_\_\_

Please fill out and return immediately to: Cesar Castillo, LLC  
Attn: RECALLS LLC  
[Recalls@cesarcastillo.com](mailto:Recalls@cesarcastillo.com) (e-mail)  
Fax No.: 787-999-1614

Contact Information: 787-999-1616  
Ext. 1109, 1243 (OTC)  
Ext. 1108, 1247 (RX)  
Ext. 1253 (Animal Health)