

ARTWORK APPROVAL FORM

Product Name: Telmiride-80

Market: Francophone

Mfg. Location: Unit-1

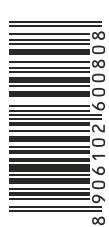
Unvarnished Area

UNISON

TELMIRIDE-80
Telmisartan Tablets USP 80 mg

30 Tablets

Oral Use



819061021600808

XXXXXXXXXX

Lire la notice intérieure attentivement avant d'utiliser.
Numéro de Licence de Fabrication / Mfg. Lic. No.: G/25/1827
Laboratoire Titulaire d'AMM et Fabricant /
Marketing Authorization holder and Manufacturer :
Unison Pharmaceuticals Pvt. Ltd.
C/6, Steel Town, Opp. Nova Petro, Moraiya,
Ta. - Sanand, Dist.: Ahmedabad - 382213, Gujarat, India.

Read carefully the package insert before use

Liste-I Uniquement sur ordonnance

Respecter les doses prescrites

Voie Orale

Boîte de 30 comprimés

TELMIRIDE-80
Comprimé de telmisartan USP 80 mg

UNISON

Chaque comprimé non pelliculé contient :
Telmisartan USP 80 mg
Excipients q.s.
Posologie : Selon la prescription médicale
Conservation : A conserver à une température ne
dépassant pas 30°C, à l'abri de la lumière et de l'humidité.
Gardez le médicament hors de portée des enfants.

Each uncoated tablet contains:
Telmisartan USP 80 mg
Excipients q.s.
Dosage: As directed by the physician
Storage: Store at a temperature not exceeding
30°C, Protected from light and moisture.
Keep the medicine out of reach of children

Size: 110 x 22 x 66 mm

Colour: P 7421 C Tint 50% P 7421 C P 2035 C P P Black C

Unvarnished Area (66 x 22 mm)
Space For 2D Barcode online printing
Sample 2D Barcode as shown

GTIN : 1890XXXXXXX
LOT : XXXXXXXX
FAB : MM/YYYY
EXP : MM/YYYY
SN : XXXXXXXX

DATE: 28/06/2023 VERSION:00

CARTON SPECIFICATION

Artwork Code	XX XXX XXXX XX	Dimension	110 x 22 x 66 mm	No. of colours	03	Pantone/CMYK	P 7421 C, P 2035 C, P P Black C	Type of Board	FBB
GSM of Board	300 gsm	Varnish	Aqua	Type of Box	RTI	Pharma code	NA	Any other special process	NA
Old Artwork Code	-	Old Pharmacode	-	Reference Change Control no.	NA	of Plant	NA		

Review & Approved By

Sign & Date :							
Name :							
Designation :							
Department :	PD	RA	F & D/TT	Production	Q.C.	Q.A.	Q.A.

Review & Approved By Contract Giver/Customer/ Authority/MA Holder (If Applicable) :

Sign & Date :		
Name :		
Designation :		
Department :		