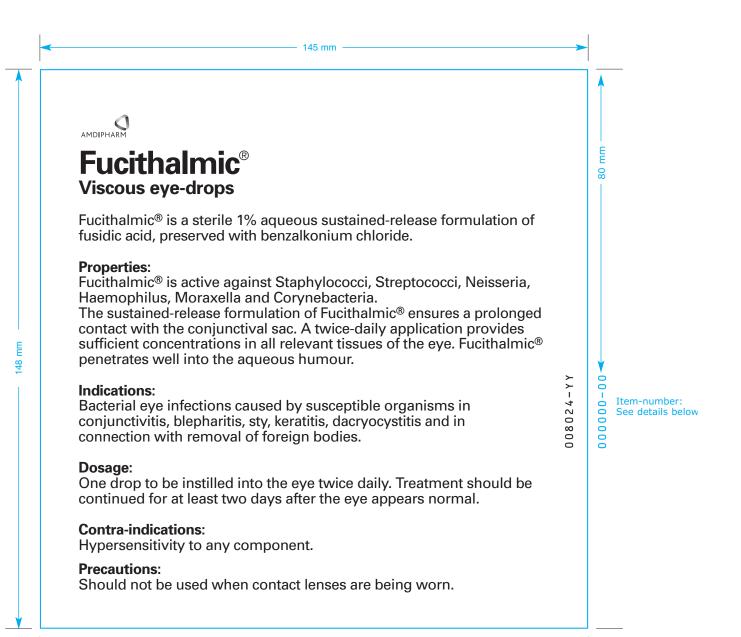


AMDIPHARI



reparatio				Supplier / Place of production		
trength	Fucithalmic			Ireland		
omment	s:					
	Page 1 of 2	Pharma Code XX	Mock-up for reg. purpose			



8. PROOF OMA	Mock-up Approval Stamp (MAS)				
Date 13/03/15	Graphic Design	Editorial Proof	Second Approver		
New proof	According to:	According to: Instruction For Use, Mock-up Approval Stamp (MAS)	Product name		
requested	Instruction For Use, Mock-up Approval Stamp (MAS)		Dosage form		
Sign.:	SOP_000647 and	SOP_000647 and	Strength/Stripes		
	SOP_000962	SOP_000962	Pack size		
	Sign.: Date:	Sign.: Date:	Prompts		
Date:			Item No./Reg. No.		
			Barcode \Box		
			Sign.: Date:		





Scale	Get-up	Item No.	Rev. No.	Sent by e-mail	
100%	SG	008024	YY		
Subject			Date	Date	Date
INS 145 x 148 mm			28/09/11		
Colour			Sign.	Sign.	Sign.
Black			OMA		

Preparation Strength Fucithalmic	Supplier / Place of production Ireland		
Comments:			

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