








**Container Label of Donepezil Hydrochloride Tablets, USP  
10 mg (500's Counts)**

<p>EACH FILM-COATED TABLET CONTAINS: Donepezil hydrochloride USP 10 mg.</p> <p><b>USUAL DOSAGE:</b> See accompanying prescribing information.</p> <p>Dispense in a tight, light-resistant container as defined in the USP.</p> <p>Store at 20° to 25°C (68° to 77°F) [See USP Controlled Room Temperature].</p> <p>M.L. No.: TN0002326</p> <p><b>Manufactured by:</b> Vivimed Life Sciences Private Limited, Plot No. 101, 102, 107 &amp; 108, SIDCO Pharmaceutical Complex, Alathur, Kanchipuram – 603 110, Tamilnadu, India.</p> <p><b>Distributed by:</b> Strides Pharma Inc., East Brunswick, NJ 08816 72000488-00 Rev. 01/19</p>	<p>NDC 64380-908-07 Rx Only</p> <p><b>Donepezil Hydrochloride Tablets, USP</b></p> <p><b>10 mg</b></p> <p><b>PHARMACIST:</b> Dispense the patient information sheet to each patient.</p> <p> <b>Strides Pharma Inc.</b> 500 film-coated tablets</p>	
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Dimension: 116 mm x 45 mm (Length x Width)

- |  |   |
|--|---|
|  Black                            |  Logo Colour |
|  P 485 C                          |  P 340 C     |
|  Unvarnished Area (35 mm x 25 mm) |  Black       |
|  Profile Colour (Do Not Print)    |   |

Customer Name : Vivimed Labs  
 File Name : Donepezil HCL Tabs, USP 10mg 500s  
 Code No. : 72000488-00  
 Size [ L x H ] : 116 x 45mm  
 Cutting Type : Round Corner (R2)  
 Artwork Recd Through : Mail  
 Artwork Recd Format : PDF  
 Artwork Opened in : AI CC  
 Ref Our Cd Entry No. : -  
 Date & Time : 17.01.19 - 10.58am  
 Corrections Rcvd Thru : -  
 Corrections Made On : -

**ARTWORK APPROVAL FORM**

**NUMBER OF COLORS**

 DIELINE	 NVZ	 485C	 340C	 BLACK
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Comments: .....

- OK AS IS     OK AS Corrected     New Proof Needed

Artwork Opened by DATE/TIME	Design & Layout Prepared by DATE/TIME	ODRI File Checked by DATE/TIME	Source File Checked by DATE/TIME
<b>Kayathri</b>			
Artwork Checked by DATE/TIME	Len File Checked By DATE/TIME	Plate Made By DATE/TIME	Plate checked & Distributed by DATE/TIME

SJP/PP/F/001



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**FILE INFORMATION**

Customer Name: \_

SJP#: \_

**QUALITY ASSURANCE CHECK**

**Please** review carefully for size, layout, correct spelling, font style and color placement. **Actual colors** will vary from this image depending on substrate & Printing inks. **Please** tick the appropriate box below. **Sign** and return one copy as soon as possible. We are unable to commit to a delivery date without your writtern approval.