

 UNISON PHARMACEUTICALS PVT. LTD. (CORPORATE QUALITY ASSURANCE)		
ANNEXURE – 10		CQA/009/F/10-00
		Page No :1 of 1
ART WORK APPROVAL FORM		
Product Name: VERTIBET	Market: Malaysia (Healol)	Mfg. Location: UNIT-3

Unvarnished Area

NOSINN

Betahistine Dihydrochloride Tablets 24 mg

VERTIBET

5 X 10 Tablets

VERTIBET

02 107 3562 00

Controlled Medicine/Ubat Terkawal

MAL No.: MAL26076044AZ

Product registration holder:
HEALOL PHARMACEUTICALS SDN BHD,
74-3, Jalan Wangsa Delima 6,
KLSC Wangsa Maju, 53300,
Kuala Lumpur, Malaysia

Mfg. Lic. No.: G/25/2235

Manufactured by:
UNISON PHARMACEUTICALS PVT. LTD.
Unit-III, C-7,8,9, Steel Town,
Opp. Nova Petrochemicals,
Village Moraiya, Sanand, Ahmedabad,
Gujarat 382213, INDIA

5 X 10 Tablets

VERTIBET

Betahistine Dihydrochloride Tablets 24 mg

UNISON

Each tablet contains:
Betahistine Dihydrochloride Ph. Eur. 24 mg
Excipients q.s.

Dosage:
As directed by the physician

For oral use

Storage: Store at a temperature not exceeding 30°C, Store in original packaging in order to protect from light.

Jauhkan daripada capaian kanak-kanak /
Keep out of reach of children

Read carefully the package insert before use.

45 mm

40 mm

100 mm

Size: 100 x 40 x 45 mm

Colour Uses:

P P Black C

P 2655 C

50% of P 2655 C

Key Lines : Does Not print

Unvarnished Area: Does not Print

Pharmacode: 1947

GTIN : XXXXXXXXXX

LOT : XXXXXXXXX

MFG : MM/YYYY

EXP : MM/YYYY

SN : XXXXXXXXXX

Unvarnished Area (40 x 45 mm)
Space For 2D Barcode and
batch coding details online printing

DATE: 18/07/2026 VERSION: 06
DATE: 17/07/2026 VERSION: 05
DATE: 16/12/2024 VERSION: 04
DATE: 19/07/2023 VERSION: 03
DATE: 20/04/2023 VERSION: 02
DATE: 12/04/2023 VERSION: 01
DATE: 16/07/2022 VERSION: 00

CARTON SPECIFICATION									
Artwork Code	02 107 3562 00	Dimension	100 x 40 x 45 mm	No. of colours	03	Pantone/CMYK	P 2655 C, P P Black C	Type of Board	FBB
GSM of Board	300 gsm	Varnish	Aqua	Type of Box	RTI	Pharma code	1947	Any other special process	N.A.
Old Artwork Code	N.A.	Old Pharmacode	N.A.	Reference Change Control no.	N.A.	of Plant	N.A.		
Review & Approved By Contract Giver/Customer/Authority/MA Holder (If Applicable) :									
Sign & Date :									
Name :									
Designation :									
Department :									