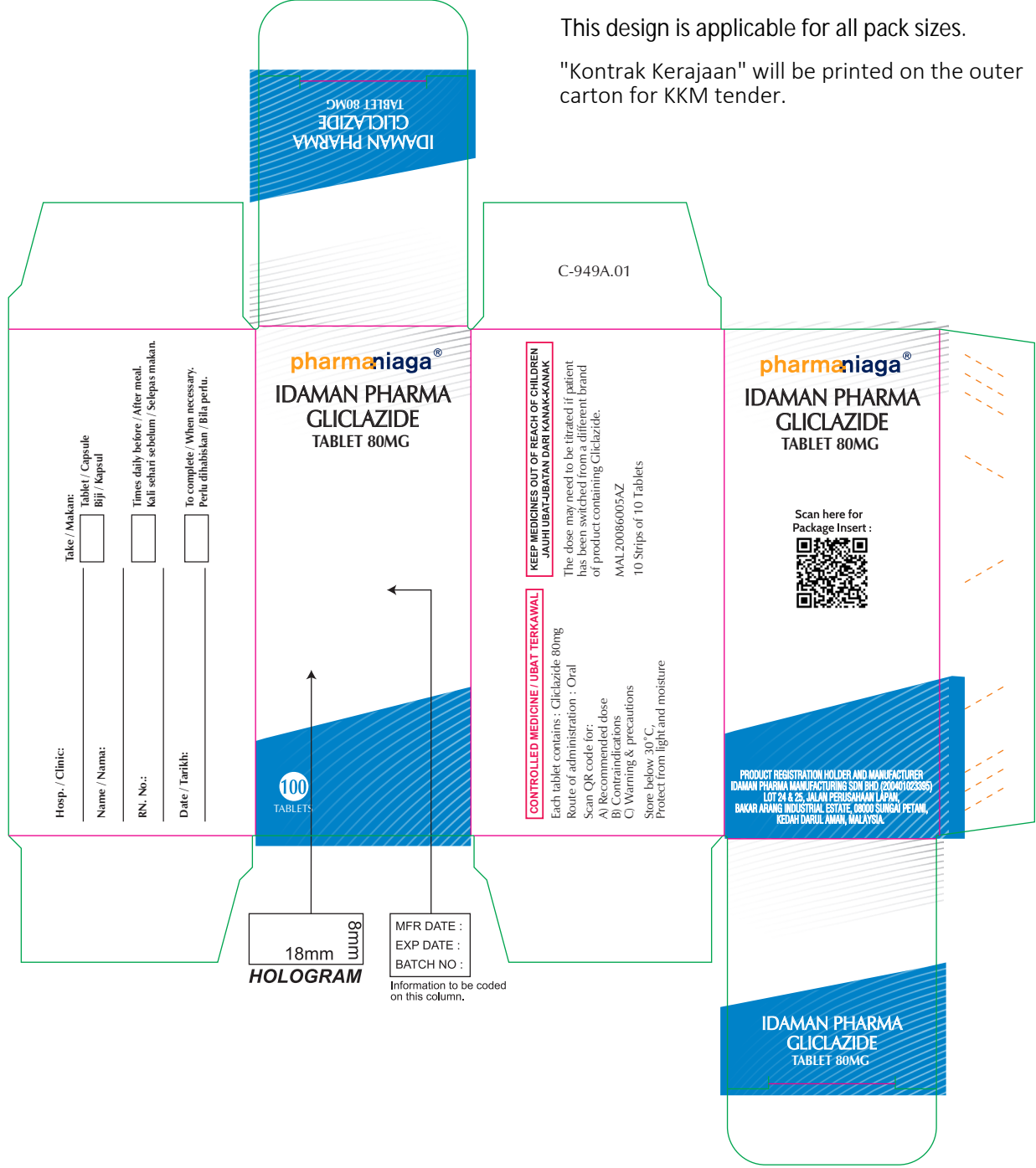


12mm
40mm
80mm
20mm
39mm
34mm
40mm
34mm
15mm



Hosp. / Clinic: _____

Take / Makan: _____

Tablet / Capsule _____
Biji / Kapsul _____

Name / Nama: _____

Times daily before / After meal. _____
Kali sehari sebelum / Selepas makan. _____

RN. No.: _____

Date / Tarikh: _____

To complete / When necessary. _____
Perlu dihabiskan / Bila perlu. _____

18mm
8mm
HOLOGRAM

MFR DATE :
EXP DATE :
BATCH NO :
Information to be coded on this column.

C-949A.01

KEEP MEDICINES OUT OF REACH OF CHILDREN
JAUHI UBAT-JUBATAN DARI KANAK-KANAK

The dose may need to be titrated if patient has been switched from a different brand of product containing Gliclazide.
MAL20086005AZ
10 Strips of 10 Tablets

CONTROLLED MEDICINE / UBAT TERKAWAL

Each tablet contains : Gliclazide 80mg
Route of administration : Oral
Scan QR code for:
A) Recommended dose
B) Contraindications
C) Warning & precautions
Store below 30°C.
Protect from light and moisture

pharmaniaga
IDAMAN PHARMA GLICLAZIDE TABLET 80MG

Scan here for Package Insert :

PRODUCT REGISTRATION HOLDER AND MANUFACTURER
IDAMAN PHARMA MANUFACTURING SDN BHD (200401023395)
LOT 24 & 25, JALAN PERUSAHAAN LAPAN,
BAKAR ARANG INDUSTRIAL ESTATE, 06000 SUNGAI PETANI,
KEDAH DARUL AMAN, MALAYSIA.

IDAMAN PHARMA GLICLAZIDE TABLET 80MG

This design is applicable for all pack sizes.
"Kontrak Kerajaan" will be printed on the outer carton for KKM tender.