

MINIMUM PARTICULARS TO APPEAR ON BLISTERS OR STRIPS

Blister

1. NAME OF THE MEDICINAL PRODUCT

/.../ 5 mg tablets

/.../ 10 mg tablets

amlodipine

2. NAME OF THE MARKETING AUTHORISATION HOLDER

To be completed nationally

3. EXPIRY DATE

EXP:

4. BATCH NUMBER

Batch:

5. OTHER