1 5 10 15 25 50 75 90 100 1 5 10 15 25 50 75 90 100 1 5 10 15 25 50 75 90 100 1 5 10 15 25 50 75 90 100

Finished Lead Edge

52083-900-90

Dietary Supplement

CORVIS SPECIALIZED DIVISION

VENALIV

MICRONIZED DIOSMIN 900 MG
HESPERIDIN METHYL CHALCONE 100 MG
STANDARIZED GRAPE SEED EXTRACT 100 MG

*HELPS SUPPORT LEG VEIN HEALTH**

KramerNovis

NET CONTENTS: 90 CAPLETS

Supplement Facts
Serving Size: 1 Caplet
Servings per Container: 90

Amount per Serving	% DV
Micronized Diosmin 900 mg	*
Hesperidin Methyl Chalcone 100 mg	*
Standarized Grape Seed Extract 100 mg	*

Percent Daily Value (DV) are based on a 2,000 calorie diet. * Daily Value not established.

Other Ingredients: Stearic acid, Dicalcium phosphate, Magnesium stearate, Microcrystalline cellulose, Crosscarmellose sodium; Silica, Pharmaceutical glaze, Talc.

Uses: Venaliv helps promote a healthy venous circulation.* Helps maintain leg vein health*.

Directions: Adults and children 12 years of age and over, take one caplet daily with food, or as prescribed by a physician. Children under 12 years of age, consult a doctor.

Warning: If you are under a physician's care or taking medication contact your physician before using this product.

If pregnant or breast-feeding, ask a health professional before use. **Keep out of reach of children.** In case of overdose, get medical help or contact a Poison Control Center right away.

Store at controlled room temperature: 15º-30ºC (59º-86ºF).

Do not use if cello-band around bottle neck is torn, broken or missing.

Manufactured in the USA for Kramer Novis, San Juan PR 00917.

1(787) 767-2072. www.kramernovis.com

* These statements have not been evaluated by the Food and Drug Administration. This product is not intended to diagnose, treat, cure or prevent any disease.

Lot #:
Exp. Date

3 52083 90090 7

DION Label Printing
539 North Rd, Westfield, MA 01085
Tel: 413-568-3713 Fax: 413-562-8361

Please review your first proof very carefully and apply ALL anticipated alterations:

Prep Charge Policy:
- **1st Proof:** Included on original quote
- **2nd Proof:** Included if changes are minor
- Proofs provided beyond the initial set of revisions are billable @ $65 per hour (minimum $35 per item)

☐ CUSTOMER PROOF ☐ PRESS PROOF ☐ ART FILE ☐ COLOR STANDARD

Customer: Bactolac Pharmaceutical, Inc.
Archive Name: **BPH_018595**
Die No.: HP0049
Die Size: 2.25 ac x 6.25 ar, .125 cr
Substrate: #607 Mast. 60# White Semi.

NOTE:

QTY	PROOF TYPE	PROOFREAD
____	UNCOATED HP DIGITAL PROOF ○ CRM ○ 075 ○ linear	○ COMPARATOR
____	COATED HP DIGITAL PROOF + UV or LAM	● HUMAN
____	Laser_NOT Color ACCURATE	☐ BARCODE CHECK

018595_02_r01_H Venaliv - 90 Caplets

07/08/10 bb r01 **97264**_Arrangement change in "Other ingredients"
07/02/10 bb r00a **97264**_Proofing correction
07/02/10 bb r00 **97264**_New item, first proof

HP DIGITAL TICKET

DIGITAL MATCHES:

INK NOTE	ACT	REQ	INK COLOR
	☐	☐	WHITE / GREEN
	☐	■	PRO YEL
	☐	■	MAGENTA
	☐	■	CYAN
	☐	☐	MAGENTA 1
	☐	☐	ORANGE
	☐	■	BLACK
	☐	☐	VIOLET

DIE LINE DOES NOT PRINT

Copy Position 4
LEFT EDGE OF COPY DEPENDS FEED
Wound OUT

○ LAMINATION REQUIRED

● VARNISH REQUIRED
UV GLOSS VARNISH
● OVERALL
○ SELECTIVE PLATE REQ'd

NO PLATE ■ NEW ☐ EXIST ☐ MASTER

COLOR STRATEGY:
● HPI ● CMYK
○ CMYKV
○ CMYKO
○ CMYKOV
○ CMYKOVG
○ CMYKOG
○ CMYKG
○ CMYKGV
○ LEGACY

HP WORKFLOW:
○ 4 color RIP
○ 7 color RIP
○ 7 PreSeps

○ "APPROVED AS IS" BY:
○ "APPROVED WITH REVISIONS" BY:
○ "REPROOF REQUIRED" BY:

SPECIAL INSTRUCTIONS: