



Blister Design Specification

Project Information:

Project: _____ (e.g. DPX5000 20's)
Customer: _____ (Your Company Name)
Machine Type: _____ (e.g. Uhlmann 1030 MTI)
Product Name: _____ (e.g. DPX5000 10mg)

Product Type:

Type	Shape	Diameter (D)	Thickness (H)	Wall (S)	Radius (R)	Length (L)	Width (B)
Round Flat				-----	-----	-----	-----
Round Bi-Convex						-----	-----
Hard Capsule "Size ____"			-----	-----	-----		-----
Soft Capsule			-----	-----			-----
Caplet Bi-Convex		-----					
Caplet Flat		-----		-----	-----		
Oval Bi-Convex		-----					
Special							

BLISTER Based on Existing Format Number: _____

Products/Blister Cutting Size Pocket Angle °

<p>Feeding</p> Manually Feeding <input type="checkbox"/> NG Feeder <input type="checkbox"/> Vertical Feeder <input type="checkbox"/> Drum Feeder <input type="checkbox"/> Brushbox Feeder <input type="checkbox"/> TEG to Propose <input type="checkbox"/>	<p>Coding</p> Inkjet <input type="checkbox"/> One End <input type="checkbox"/> Both End <input type="checkbox"/> Short Edge <input type="checkbox"/> Long Edge <input type="checkbox"/> Coding Length <input type="checkbox"/>	<p>Perforation/Rib</p> Lengthwise <input type="checkbox"/> Across Web <input type="checkbox"/> Stiffening Rib <input type="checkbox"/>	<p>Foil/Film</p> PVC/ALU <input type="checkbox"/> PVDC/ALU <input type="checkbox"/> ALU/ALU <input type="checkbox"/> PP/ALU <input type="checkbox"/> PP/PP <input type="checkbox"/> . Other <input type="checkbox"/> Foil Thickness <input type="text"/> μm Film Thickness <input type="text"/> μm
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Tool Engraving: _____

Comments:

Completed By: _____

Signature: _____