



Template for the Submission of Comments
Draft Guidance Document: Drug Facts Table for Non-Prescription Drugs

Completed date: 2017-02- 24

Comments submitted by

Full Name:

Company/Association Name: (if applicable):

Telephone number:

Address:

Date: AAAA-MM-JJ

E-mail Address:

Table with 3 columns: Section, Comment and Rationale, Proposed Revised Text. The table contains 10 empty rows for data entry.