Form Approved: OMB No. 0910-0045. Expiration Date: December 31, 2007. See OMB Statement on Reverse.

DEPARTMENT OF HEALTH AND HUMANS SERVICES
FOOD AND DRUG ADMINISTRATION

DRUG PRODUCT LISTING

(In accordance with Public Law 92-387)

NAME AND ADDRESS OF FIRM
Physician Therapeutics
2980 Beverly Glen Circle, Suite 301
Los Angeles, CA 90077

LABELING REVISON
CHANGE OF:
☐ RTE OF ADMIN ☐ INDICATION
☐ NAME / DOSE / STR / INGR
☐ OTHER *(Specify)*

FOR FDA USE

CONTROL NO.

RECORD ID

SEC	S	U	PRODUCT TRADE NAME OR CATALOG NAME	NATIONAL DRUG CODE LABELER	NATIONAL DRUG CODE PRODUCT
01			APPTRIM	06840	5 1001

FDA APPLICATION NO.	REPORT DATE MO	DA	YR	TYPE RESET	TYPES OF BUSINESS OTHER *(Specify)*	PRODUCT TYPE OTHER *(Specify)*	BNDD	LEGAL STATUS	SCHED	PROF USE	PRODUCT DISCONTINUED OTHER *(Specify)*	BASIS OF CONCENTRATION WHOLE NUMBERS	DECIMAL	UNIT
	05	28	08	M	Manufacturer	Medical Food		R		P		600		

DOSAGE FORM	ROUTES OF ADMINISTRATION 1	2	3	OTHER	PT	SEC	S	U	SMP	PKG CODE	PACKAGE SIZE	PACKAGE TYPE
600	01					03				*1	120	BOT
						03						
						03						
						03						
						03						

INITIAL MARKETING DATE MO	YEAR	MOST RECENT MARKETING DATE MO	YEAR	DISCONTINUED DATE MO	YEAR
04	2004	08	2007		

NOTICE: This report is required by law (21 C.F.R. 207.20). Failure to report can result in imprisonment for not more than one year or a fine of not more than $1,000, or both (FDA&C Act, Section 303).

SEC	S	U	TYPE	PT	ESTABLISHED NAME OF PRODUCT AND / OR INGREDIENT(S) OR BIOLOGIC PROPER NAME, TEST OBJECTIVE / EQUIPMENT / REAGENT NAME, ETC.	FDA USE ONLY INGREDIENT NO.	AMOUNT WHOLE NUMBER	DECIMAL	UNIT
05			A		CHOLINE BITARTRATE		10	13	MG
05			A		CAFFEINE		4	05	MG
05			A		L-TYROSINE		10	13	MG
05			A		L-GLUTAMIC ACID		8	51	MG
05			A		L-HISTIDINE		2	84	MG
05			A		WHEY PROTEIN HYDROLYSATE		2	84	MG
05			A		L-SERINE		2	43	MG
05			A		COCOA		2	85	MG
05			A		GRIFFONIA			81	MG
05			A		GRAPE SEED EXTRACT			41	MG

RECEIVED
MAY 30 2008
DRLS

SEC	S	U	SITE OR FIRM ESTABLISHMENT REGISTRATION NUMBER	ACTUAL MANUFACTURING SITE OF THE ABOVE DRUG PRODUCT	STATE	FOREIGN COUNTRY	NDC LABELER CODE	SHORT NAME
07			0825991	ARIZONA NUTRITIONAL CHANDLER	AZ		~~06840 5~~ 068223	
07								
07								