

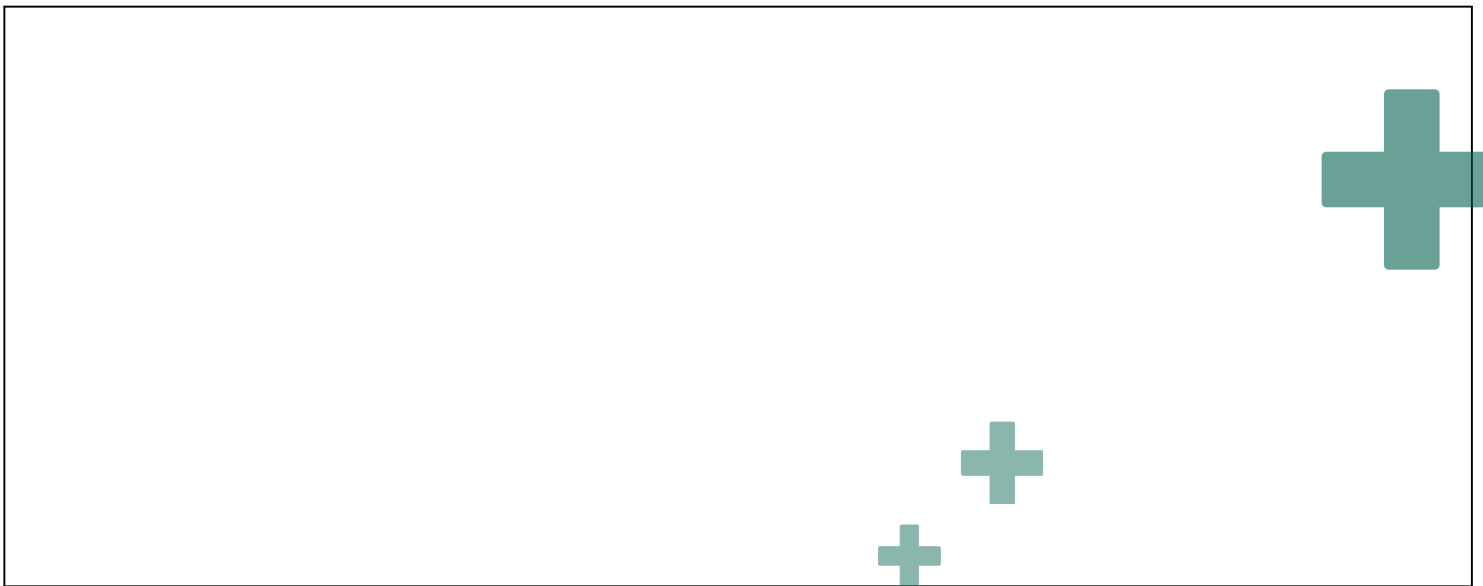
SKIN & HAIR CLINIC

NAME:-

AGE:-

DATE:-

REQUIRED DIET



REQUIRED MEDICINE

