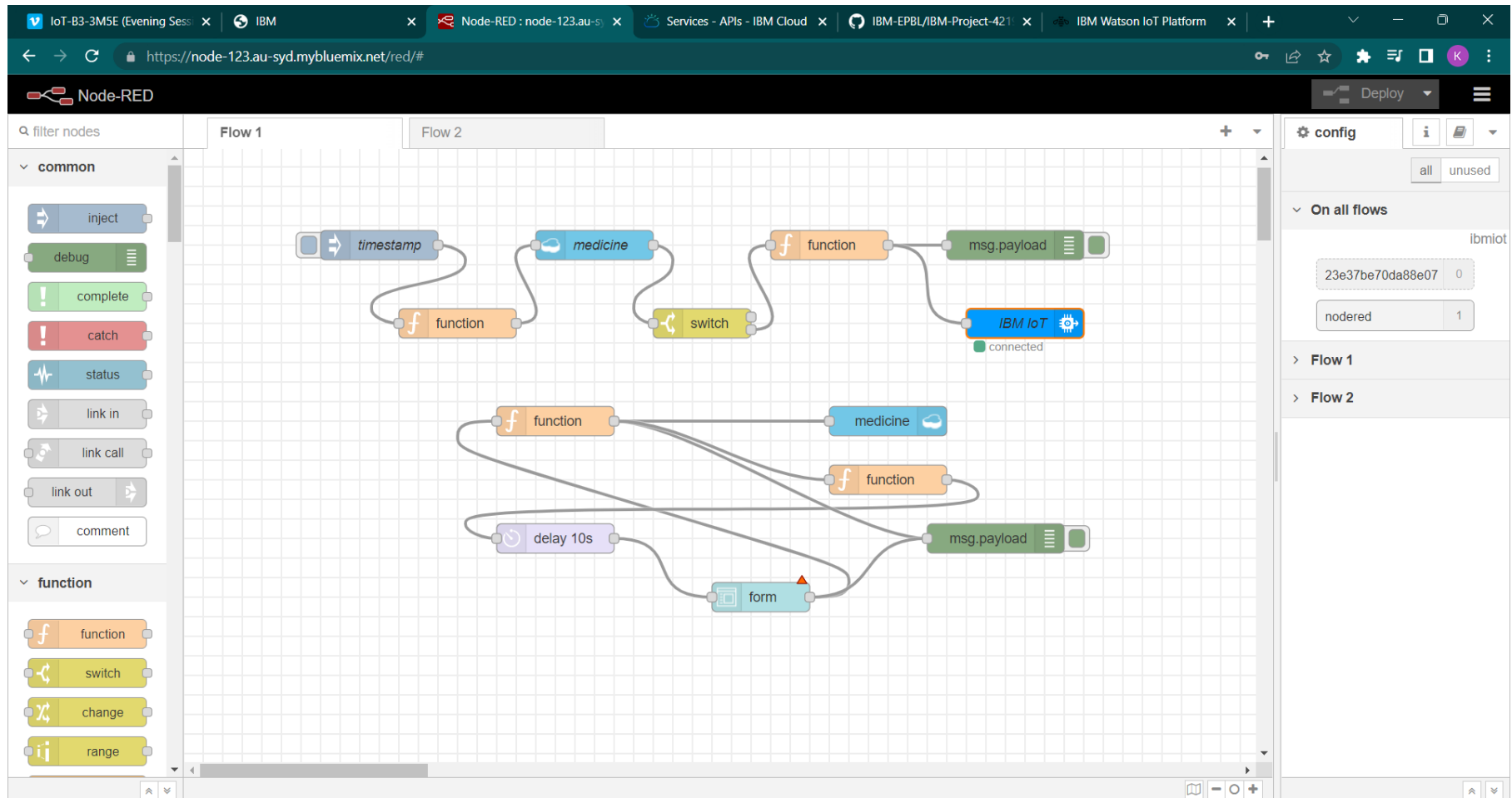


NALAIYA THIRAN

CREATE A FORM



Home

form

Enter the medicine *

Time(HH:MM) *

Date(YYYY-MM-DD) *

SUBMIT

CANCEL