

Nova Consulta

Nome do Paciente:

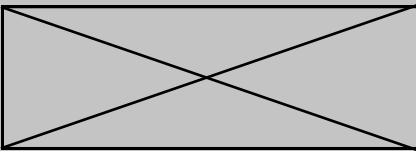
CPF:

RG:

Data:

Doutor:

Cadastrar



Siga-nos em:

