



DENTER

Name:  
Mr. Ambrose Carter

Address:

Age:  
Male ☐ Female ☒

Description	Guideline		
	Dose	Male	Duration
01 accusamus	1 + 0 + 1	after	23 Days
01 aut	1 + 0 + 1	after	10 Days
01 culpa	1 + 0 + 1	after	9 Days
01 repellat	1 + 0 + 1	after	3 Days
01 iste	1 + 0 + 1	after	28 Days
01 aut	1 + 0 + 1	after	25 Days
01 nemo	1 + 0 + 1	after	13 Days
01 placeat	1 + 0 + 1	before	10 Days
01 porro	1 + 0 + 1	after	15 Days
01 eum	1 + 0 + 1	after	28 Days
01 napa	0 + 1 + 0	after	15 Days

Note:

Dr. Abdullah

License No: 1234

DD/MM/YY

Send