



DENTER

Name:

Address:

Age:

Male ☐ Female ☒

Description	Guideline		
	Dose	Male	Duration
01 napa2	0 + 0 + 1	after	7 Days
01 dat	0 + 0 + 1	after	20 Days
01 dat 1	0 + 0 + 1	after	20 Days

Note:

Dr. Abdullah

License No: 1234

DD/MM/YY

Send