



DENTER

Name:
about

Address:

Age:
Male ☐ Female ☒

Description	Guideline		
	Dose	Male	Duration
01 napa 100	0 + 1 + 0	after	15 Days
01 napa 600	0 + 1 + 0	after	15 Days

Note:

Dr. Abdullah

License No: 1234

DD/MM/YY

Send