



DENTER

Name: _____

Address: _____

Age: _____

Male ☐ Female ☒

Description	Guideline		
	Dose	Male	Duration
01 suscipit	1 + 0 + 1	before	19 Days
01 ut	1 + 0 + 1	after	8 Days
01 animi	1 + 0 + 1	after	1 Days
01 et	1 + 0 + 1	after	14 Days
01 tenetur	1 + 0 + 1	after	1 Days
01 deserunt	1 + 0 + 1	after	15 Days
01 molestiae	1 + 0 + 1	after	14 Days
01 quia	1 + 0 + 1	after	23 Days
01 voluptatem	1 + 0 + 1	before	3 Days
01 enim	1 + 0 + 1	after	22 Days
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