



DENTER

Name:
Mr. Ambrose Carter

Address:

Age:
Male ☐ Female ☒

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

Note:

Dr. Abdullah
License No: 1234
DD/MM/YY

Send