



DENTER

Name	about
------	-------

Name:

Age: 20 Years

Gender: male

Problem Title: eye problem

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