



DENTER

Name	ab
Age	20
Gender	aaa
Problem Title	aaaaaaa

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

Note:

Name: Mr. Doctor

License No: 88

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