

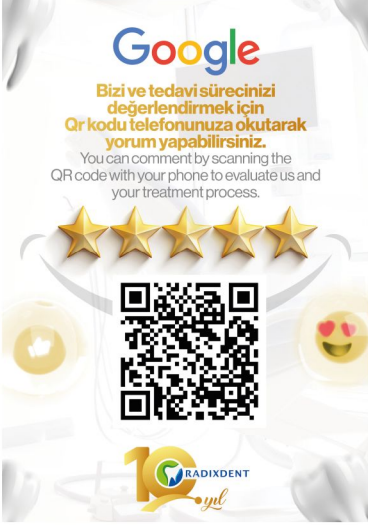


RADIXDENT

SOSYAL MEDYA



BASKI İŞLERİ



Hasta Bilgileri

İsim.....

Soy İsim.....

Yaş.....

Şikayeti.....

