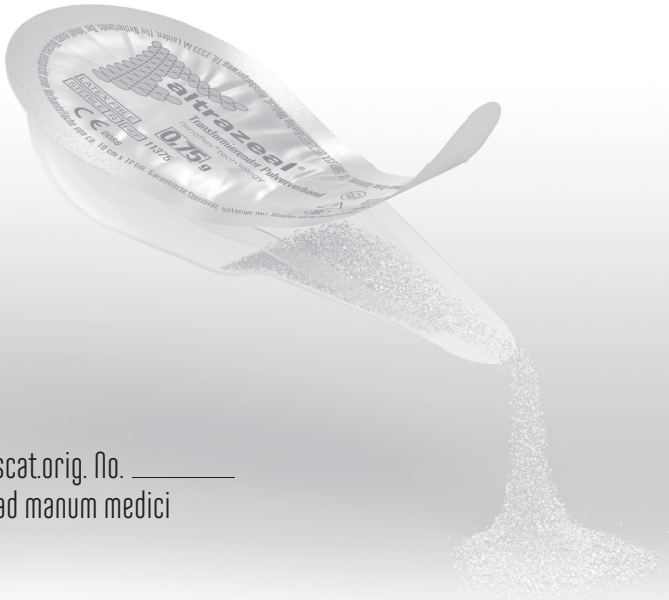

(Ime i prezime)

Rp./

Altrazeal™



S: scat.orig. No. _____

D: ad manum medici

(Datum)

(Liječnik)

ALTR-11/13-7