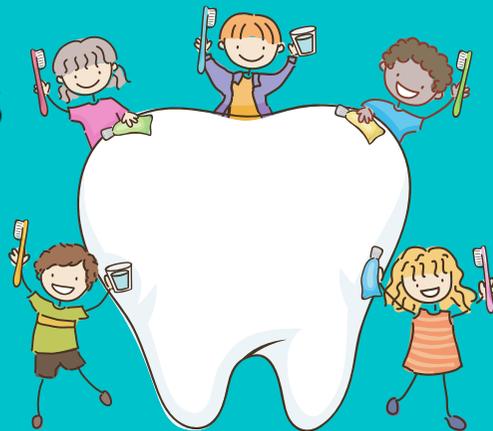


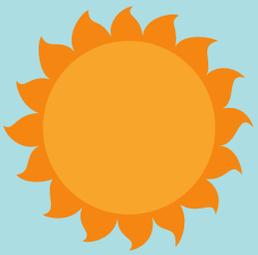
# RETO CEPILLADO

Clínica **W** BOUSOÑO VARGAS

Fecha:  
Nombre:



lun mar mie jue vie sab dom



MAÑANA



NOCHE

