Phytoene Paralgin T15:

Please read the instructions for use carefully as they contain important information.

Phytoene Paralgin T15 is a medical device. Carefully read the instructions for use before using the product. The medical device does not contain human blood derivatives.

Intended Purpose of Use:
The Phytoene Paralgin T15 is intended for intravenous administration in the patient’s body.

Ingredients:
- 69.65% Vw/1% Vw isophytol, 45.92% Vw/1% Vw tocopherol 0.5% Vw isopropyl alcohol.

Characteristics:
Phytoene Paralgin T15 is intended for intravenous administration. The medical device must not be administered to patients with impaired renal function.

Indications:
Phytoene Paralgin T15 is intended for intravenous administration to the patient’s body.

Contraindications:
Phytoene Paralgin T15 is contraindicated for intravenous administration to the patient’s body.

Side Effects:
The product is generally well tolerated. Any symptoms should be reported to the physician or pharmacist.

Interactions:
No known interactions are known for any of the product’s ingredients. It is recommended to consult with the physician or pharmacist before using the product.

Phytoene Paralgin T15 is contraindicated in patients who are pregnant or breastfeeding.

Dosage and Administration:
Phytoene Paralgin T15 is intended for intravenous administration to the patient’s body. The product is not intended for oral use.

Storage:
Keep out of reach of children. Do not store the product under direct sunlight or high temperatures.

Volume: 100 ml

Roztok pro léčbu při výskytu ví a hnídní
Solution for treatment head lice and nits

Návaz na lítinu a náznak
Onset to lice and nits

Anatomie
The condition of the skin and nails. The condition of the skin and nails is a complex, multifactorial process, influenced by many factors. Seborrhoea should be treated with topical corticosteroids, whereas psoriasis should be treated with systemic corticosteroids.

Phylactery
The condition of the skin and nails is a complex, multifactorial process, influenced by many factors. Seborrhoea should be treated with topical corticosteroids, whereas psoriasis should be treated with systemic corticosteroids.

Phylactery
The condition of the skin and nails is a complex, multifactorial process, influenced by many factors. Seborrhoea should be treated with topical corticosteroids, whereas psoriasis should be treated with systemic corticosteroids.

Phylactery
The condition of the skin and nails is a complex, multifactorial process, influenced by many factors. Seborrhoea should be treated with topical corticosteroids, whereas psoriasis should be treated with systemic corticosteroids.

Phylactery
The condition of the skin and nails is a complex, multifactorial process, influenced by many factors. Seborrhoea should be treated with topical corticosteroids, whereas psoriasis should be treated with systemic corticosteroids.

Phylactery
The condition of the skin and nails is a complex, multifactorial process, influenced by many factors. Seborrhoea should be treated with topical corticosteroids, whereas psoriasis should be treated with systemic corticosteroids.

Phylactery
The condition of the skin and nails is a complex, multifactorial process, influenced by many factors. Seborrhoea should be treated with topical corticosteroids, whereas psoriasis should be treated with systemic corticosteroids.

Phylactery
The condition of the skin and nails is a complex, multifactorial process, influenced by many factors. Seborrhoea should be treated with topical corticosteroids, whereas psoriasis should be treated with systemic corticosteroids.

Phylactery
The condition of the skin and nails is a complex, multifactorial process, influenced by many factors. Seborrhoea should be treated with topical corticosteroids, whereas psoriasis should be treated with systemic corticosteroids.

Phylactery
The condition of the skin and nails is a complex, multifactorial process, influenced by many factors. Seborrhoea should be treated with topical corticosteroids, whereas psoriasis should be treated with systemic corticosteroids.

Phylactery
The condition of the skin and nails is a complex, multifactorial process, influenced by many factors. Seborrhoea should be treated with topical corticosteroids, whereas psoriasis should be treated with systemic corticosteroids.

Phylactery
The condition of the skin and nails is a complex, multifactorial process, influenced by many factors. Seborrhoea should be treated with topical corticosteroids, whereas psoriasis should be treated with systemic corticosteroids.

Phylactery
The condition of the skin and nails is a complex, multifactorial process, influenced by many factors. Seborrhoea should be treated with topical corticosteroids, whereas psoriasis should be treated with systemic corticosteroids.

Phylactery
The condition of the skin and nails is a complex, multifactorial process, influenced by many factors. Seborrhoea should be treated with topical corticosteroids, whereas psoriasis should be treated with systemic corticosteroids.

Phylactery
The condition of the skin and nails is a complex, multifactorial process, influenced by many factors. Seborrhoea should be treated with topical corticosteroids, whereas psoriasis should be treated with systemic corticosteroids.

Phylactery
The condition of the skin and nails is a complex, multifactorial process, influenced by many factors. Seborrhoea should be treated with topical corticosteroids, whereas psoriasis should be treated with systemic corticosteroids.

Phylactery
The condition of the skin and nails is a complex, multifactorial process, influenced by many factors. Seborrhoea should be treated with topical corticosteroids, whereas psoriasis should be treated with systemic corticosteroids.

Phylactery
The condition of the skin and nails is a complex, multifactorial process, influenced by many factors. Seborrhoea should be treated with topical corticosteroids, whereas psoriasis should be treated with systemic corticosteroids.

Phylactery
The condition of the skin and nails is a complex, multifactorial process, influenced by many factors. Seborrhoea should be treated with topical corticosteroids, whereas psoriasis should be treated with systemic corticosteroids.

Phylactery
The condition of the skin and nails is a complex, multifactorial process, influenced by many factors. Seborrhoea should be treated with topical corticosteroids, whereas psoriasis should be treated with systemic corticosteroids.

Phylactery
The condition of the skin and nails is a complex, multifactorial process, influenced by many factors. Seborrhoea should be treated with topical corticosteroids, whereas psoriasis should be treated with systemic corticosteroids.

Phylactery
The condition of the skin and nails is a complex, multifactorial process, influenced by many factors. Seborrhoea should be treated with topical corticosteroids, whereas psoriasis should be treated with systemic corticosteroids.

Phylactery
The condition of the skin and nails is a complex, multifactorial process, influenced by many factors. Seborrhoea should be treated with topical corticosteroids, whereas psoriasis should be treated with systemic corticosteroids.

Phylactery
The condition of the skin and nails is a complex, multifactorial process, influenced by many factors. Seborrhoea should be treated with topical corticosteroids, whereas psoriasis should be treated with systemic corticosteroids.

Phylactery
The condition of the skin and nails is a complex, multifactorial process, influenced by many factors. Seborrhoea should be treated with topical corticosteroids, whereas psoriasis should be treated with systemic corticosteroids.

Phylactery
The condition of the skin and nails is a complex, multifactorial process, influenced by many factors. Seborrhoea should be treated with topical corticosteroids, whereas psoriasis should be treated with systemic corticosteroids.

Phylactery
The condition of the skin and nails is a complex, multifactorial process, influenced by many factors. Seborrhoea should be treated with topical corticosteroids, whereas psoriasis should be treated with systemic corticosteroids.