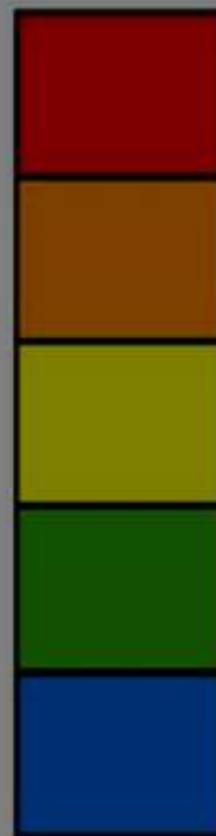
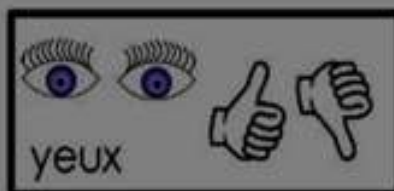


Clinique médicale

Nom du patient : _____

Âge : 1 2 3 4 5 6 7 8 9 _____



Signature du médecin : _____

P D C

L P E D

P E C F D

E D F C Z P

F E L O P Z D

D E F P O T E C

L E F O D P C T