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| 特徵 | 右: | 疼痛侧: 疾病名稱: | | |
| 左: |
| 姓名 |  | | 收案次數/日期 |  |
| 疼痛分級 | 無 痛  0~3 (4) | | 會 痛  4~7 (4) | 很 痛  8~11 (4) |
| 時間 | 疼痛 | | 麻 | 備註 |
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