

File code :

Patient :

Date of birth :

Medical conditions :

Useful information :

Document date :

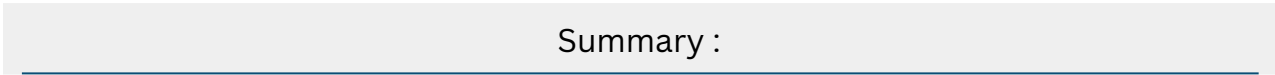
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during

Document number :

Summary :

Medications taken :



Medications taken :

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