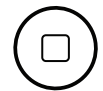
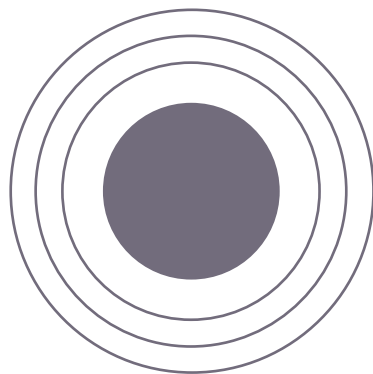






SENHA





Coletando dados





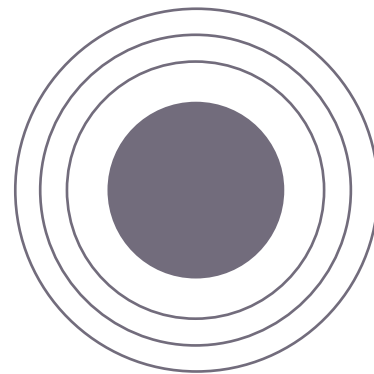
Em uma escala de 1 a 10 qual seu nível de dor?



Enviar



SHEALTH



Aguarde

