H.G.R SAINT LUC Date : …./…./20……De Kisantu   
B.P. 221/INKISI   
 Ordonnance Médiale

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| Amb.. Hosp. MUSAKIS Conv. | |  | | --- | |  | |

Noms : ……………………………………………………Sexe… Age : ……………..poids…………..Service………………………

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