

Hospital Regional do Gama - DF

SETOR: CLÍNICA MÉDICA

LEITO:

NOME: _____

DIAGNÓSTICO:

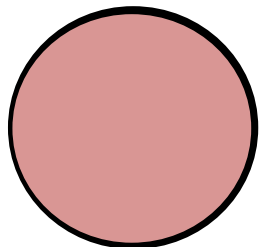
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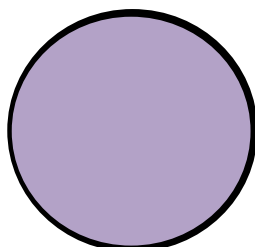
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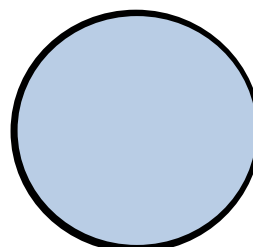
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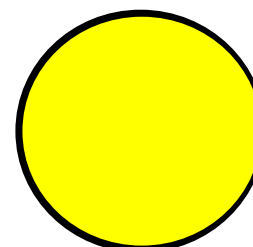
RISCO DE QUEDA



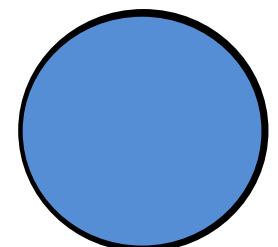
RISCO DE LPP



RISCO DE TEV



ALERGIA



ISOLAMENTO