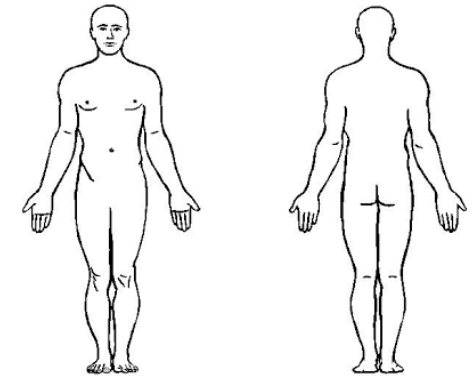
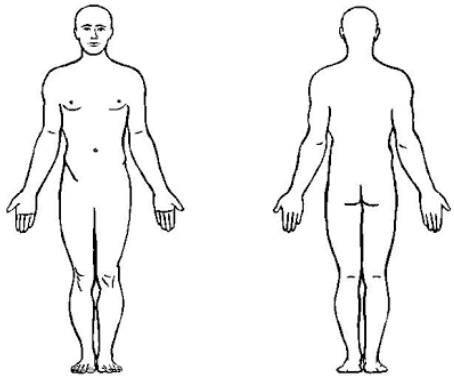


Leito	Paciente:	Diagnóstico:
	Data:	Profissional:

[illegible][illegible]

[illegible][illegible]