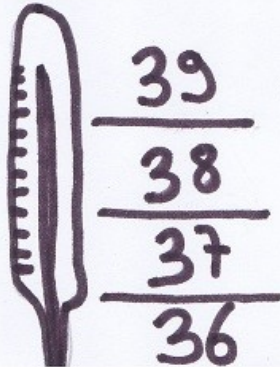


NOME _____

ETA' _____

FEBBRE



DOLORE



PRESSIONE _____

ELETTROCARDIOGRAMMA



ELETTROENCEFALOGRAMMA



RADIOGRAFIA



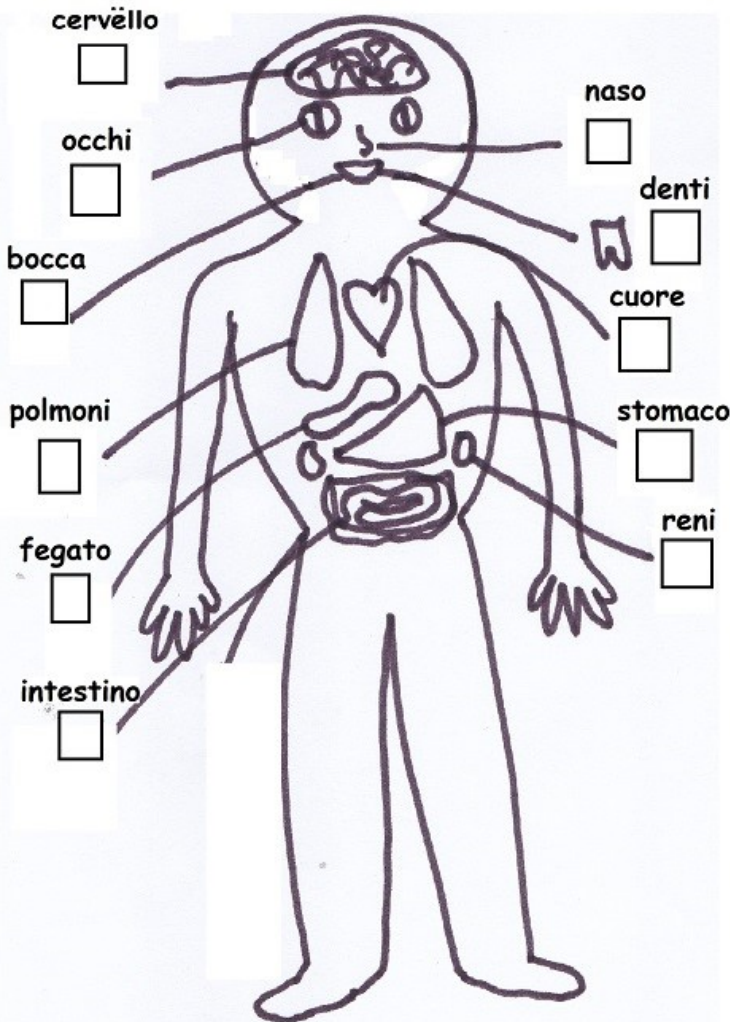
ECOGRAFIA



incinta



non incinta



TERAPIA



cerotto



pastiglia



puntura



gesso



riposo



ospedale