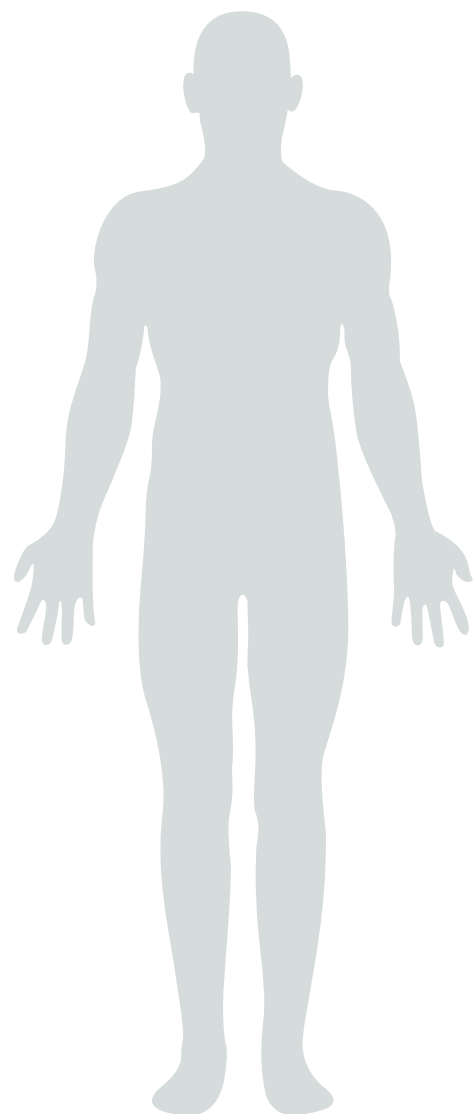
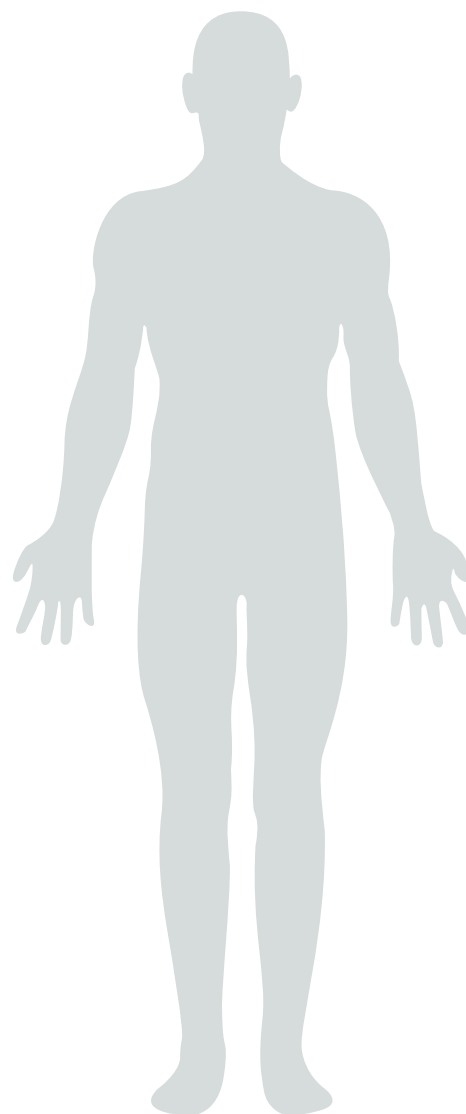


HEINE Bodymap



front



back

Date d'enregistrement: _____

Nom du patient: _____

Date de naissance: _____

ID patient: _____

Sexe: masculin féminin

Signature: _____

Observation: _____

