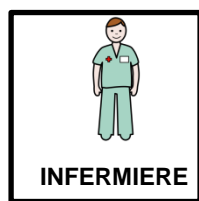
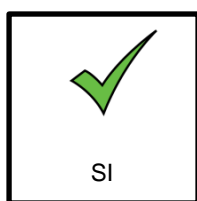


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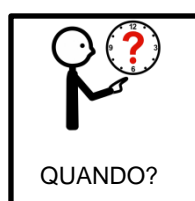
INFERMIERE



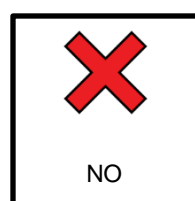
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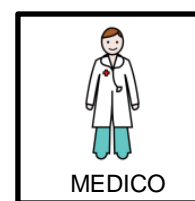
CHE ORA E'?



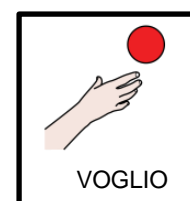
QUANDO?



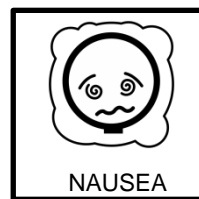
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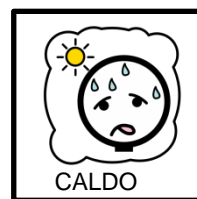
MEDICO



VOGLIO



NAUSEA



CALDO



FREDDO



CAMBIARE  
POSIZIONE



MI MANCA  
L'ARIA



MI STO  
STROZZANDO



MI FA MALE  
LA GAMBA



VOGLIO  
MANGIARE



VOGLIO BERE



VOGLIO FARE  
LA PIPÌ



MI FA MALE  
LA TESTA



HO IL  
DIABETE



HO L'INFLUENZA



HO L'ALLERGIA



VOGLIO FARE  
LA CACCA



MI VOGLIO  
SDRAIARE



VOGLIO  
DORMIRE



MI FA MALE  
LA PANCIA



EPILESSIA



MAL D'ORECCHIO



MAL DI SCHIENA



VOMITARE



MI VOGLIO  
SEDERE



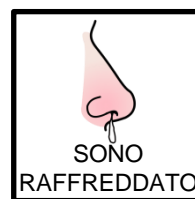
VOGLIO  
CAMMINARE



MI FA MALE  
IL PETTO



MI FA MALE  
LA GOLA



SONO  
RAFFREDDATO



MAL DI  
BRACCIO

A B  
C D  
E F  
G H  
I L  
M N  
O P  
Q R  
S T  
U V  
Z