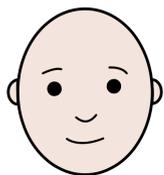


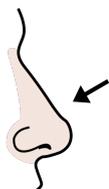
# FICHE DU PATIENT



Visage



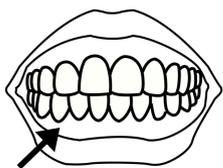
Yeux



Nez



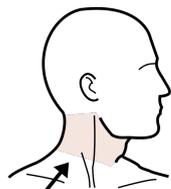
Bouche



Dents



Oreille



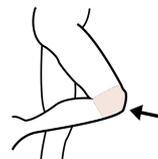
Cou



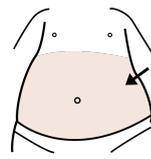
Langue



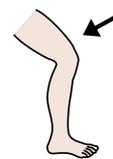
Pied



Genou



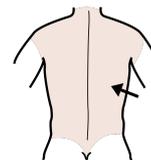
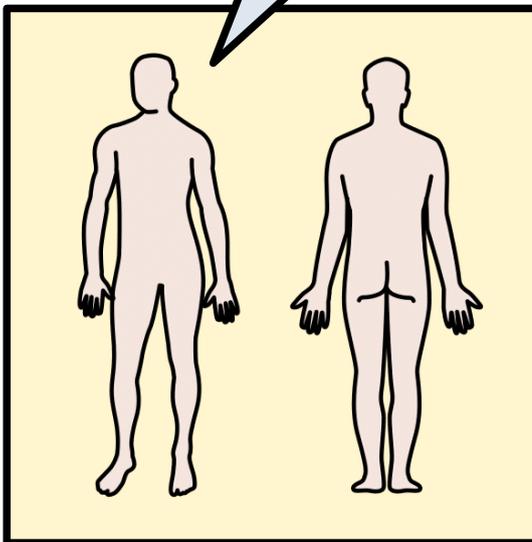
Ventre



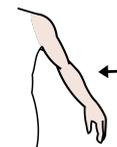
Cuisse



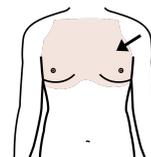
Fesses



Dos



Bras



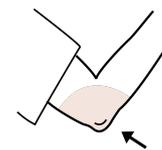
Poitrine



Main



Doigt



Coude

FICHE DU PATIENT 

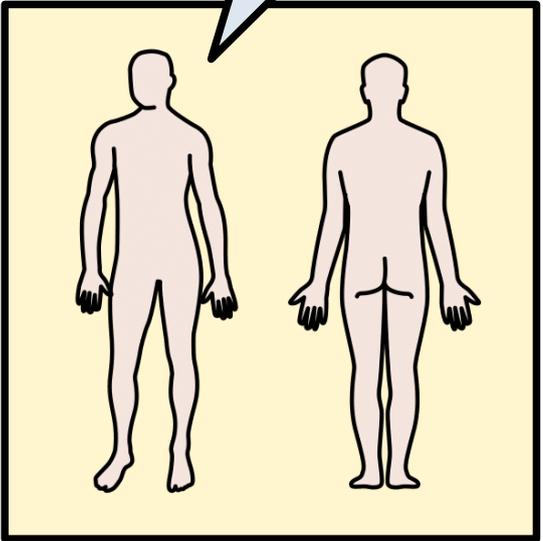


Fatigue



Vomissements

J'ai...  
Je ressens...



Fièvre



Sueurs



Diarrhée



Toux



Démangeaison



Morve



Constipation



Gaz



Vertige



Chaleur



Frissons



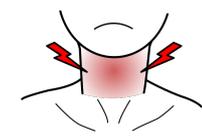
Insomnie



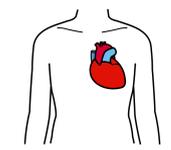
Hoquet



Angine



Pharyngite



Tachycardie

# FICHE DU DOCTEUR



Cachets



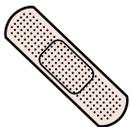
Sirop



Sachet de médicaments



Soigner



Pansement



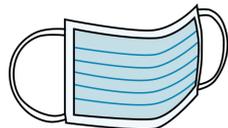
Bras avec  
Du coton



Bande



Pommade

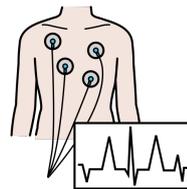
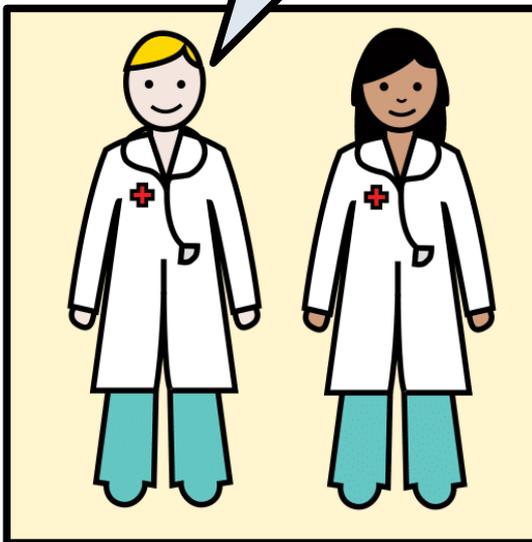


Masque

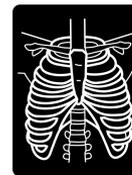


Inhalateur

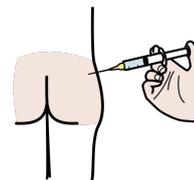
Comment va-t-il ?



ECG



Radiographie



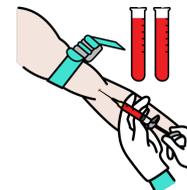
Injection



Vaccin



Ordonnance



Analyse  
sanguine



Thermomètre



Opération