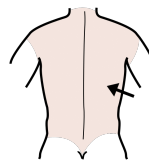
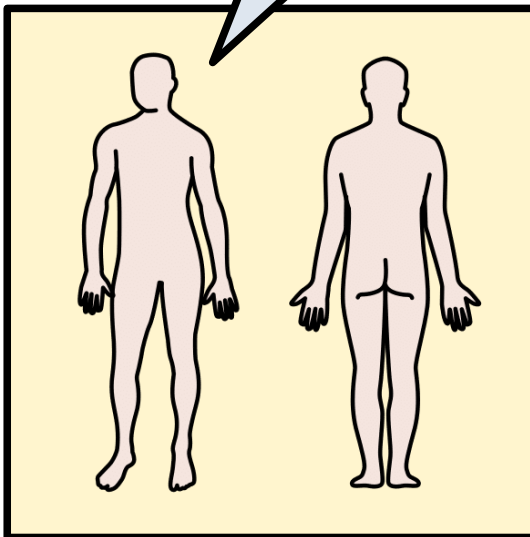


Visage

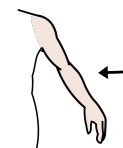


Yeux

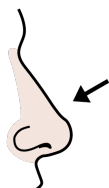
FICHE DU PATIENT



Dos



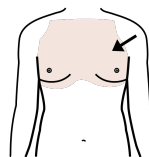
Bras



Nez



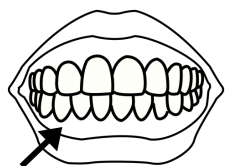
Bouche



Poitrine



Main



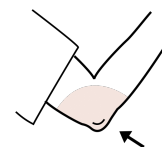
Dents



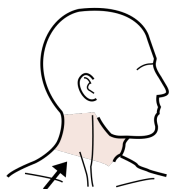
Oreille



Doigt



Coude



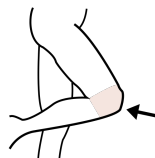
Cou



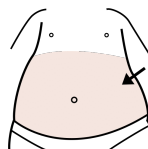
Langue



Pied



Genou



Ventre



Cuisse



Fesses



Fatigue

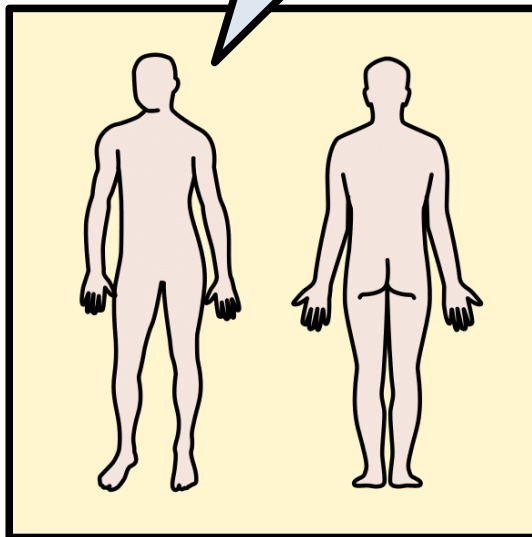


Vomissements

FICHE DU PATIENT



J'ai...
Je ressens...



Fièvre



Sueurs



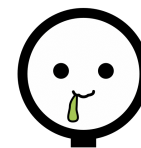
Diarrhée



Toux



Démangeaison



Morve



Constipation



Gaz



Vertige



Chaleur



Frissons



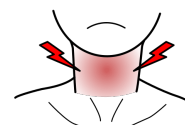
Insomnie



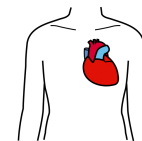
Hoquet



Angine



Pharyngite



Tachycardie

FICHE DU DOCTEUR



Cachets



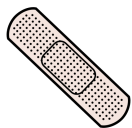
Sirop



Sachet de médicaments



Soigner



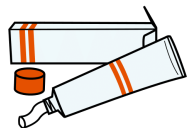
Pansement



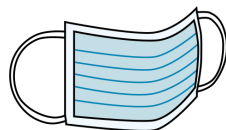
Bras avec
Du coton



Bande



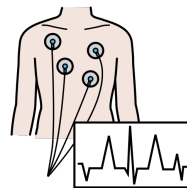
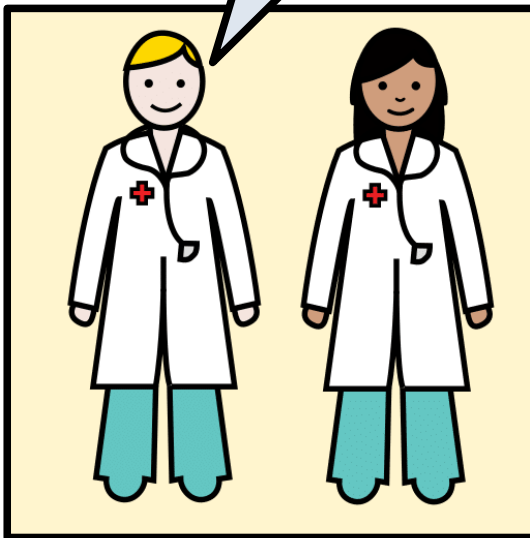
Pommade



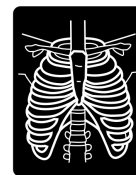
Masque



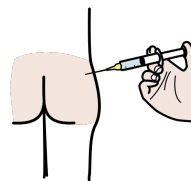
Inhalateur



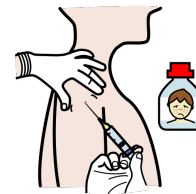
ECG



Radiographie



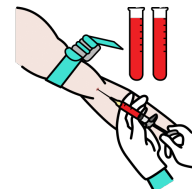
Injection



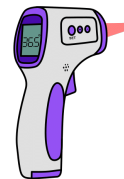
Vaccin



Ordonnance



Analyse
sanguine



Thermomètre



Opération