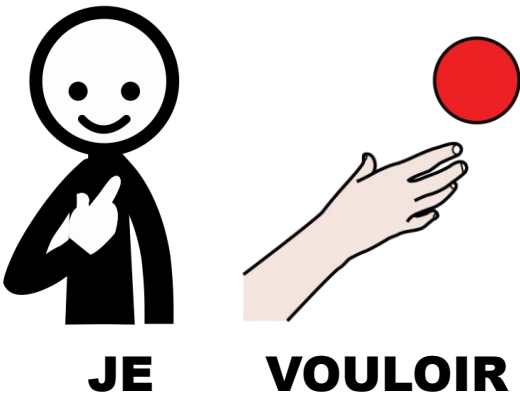
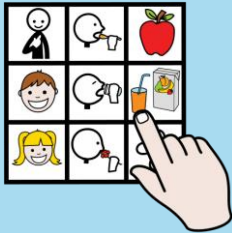






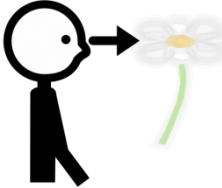


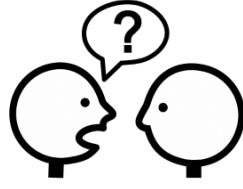

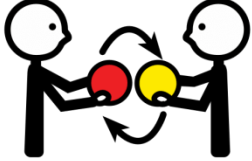

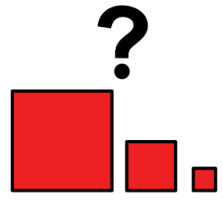
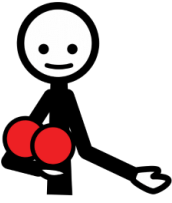






















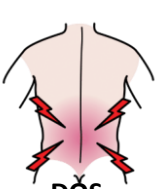

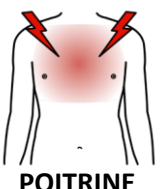






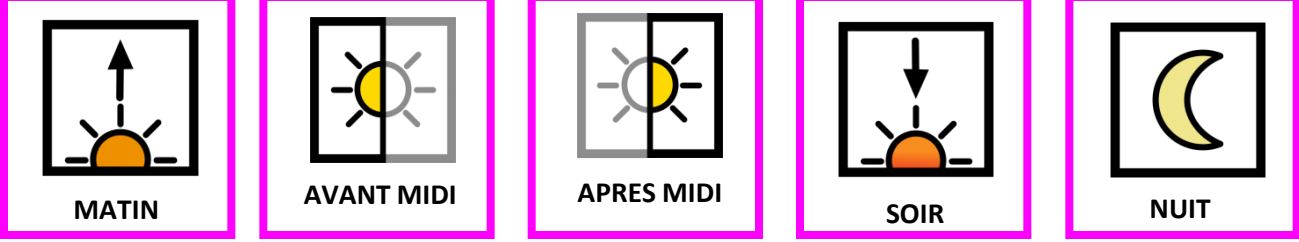
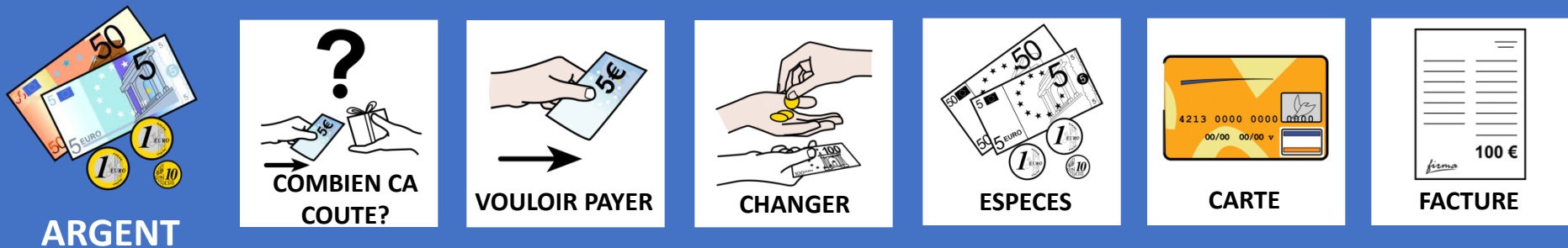
NOUS COMMUNIQUONS



 OUI/BIEN	 NON/MAL	 JE NE COMPRENDS PAS	 PARLEZ-MOI LENTEMENT	 MERCI	 PARDON
 JE NE VOIS PAS BIEN	 JE SUIS SOURD.E	 JE MARCHE MAL	 J'AI UNE QUESTION	 JE SUIS PREOCCUPE.E	 JE VEUX ECHANGER
 PLUS	 QUELLE TAILLE	 J'EN VEUX PLUS	 JE VEUX PAYER	 PRENDRE SOIN DU PATIENT	 CARTE VITALE

 JE SUIS MALADE	 FIEVRE	 VOMIR	 ETERNUER	 TOUSSER	 CONSTIPATION	 DIARRHEE
 MALAISE	 BLEU	 DEMANGEAISON	 BRULURE	 COUPURE	 HYPERTENSION	 TACHYCARDIE

 J'AI MAL	 ESTOMAC	 DENTS	 OREILLES	 GORGE	 DOS
 TETE	 POITRINE	 BRAS	 JAMBE	 PIED	 MAIN



A	B	C	D	E	F	G	H	I	J	1	2	3	4
K	L	M	N	O	P	Q	R	S	T	5	6	7	8
U	W	X	Y	Z	?	ESPACE				9	0	+	-