Informational Defence

Family, Name, Paternal name_____

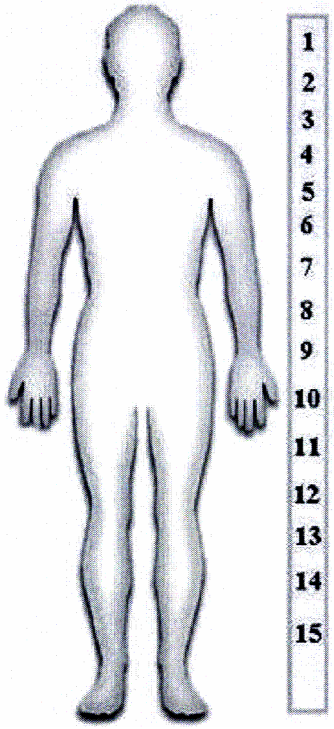
Age _____ Phones: _____

Home address: _____

Former surgeries _____

Complains_____

Location of symptoms



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