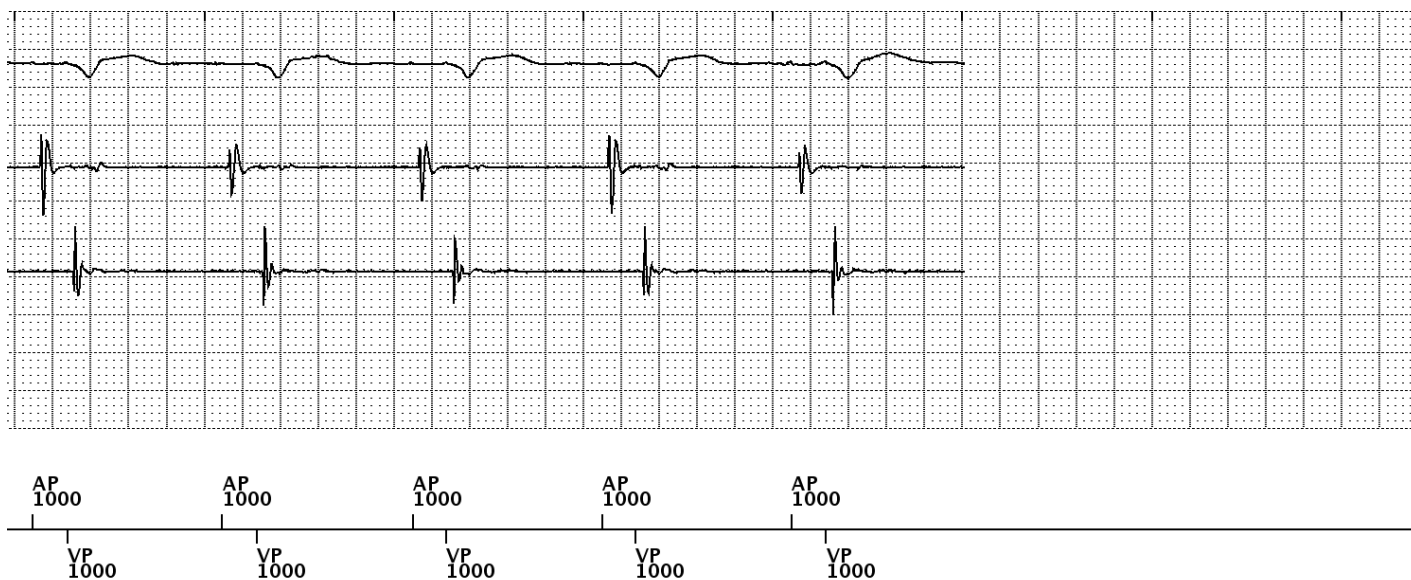
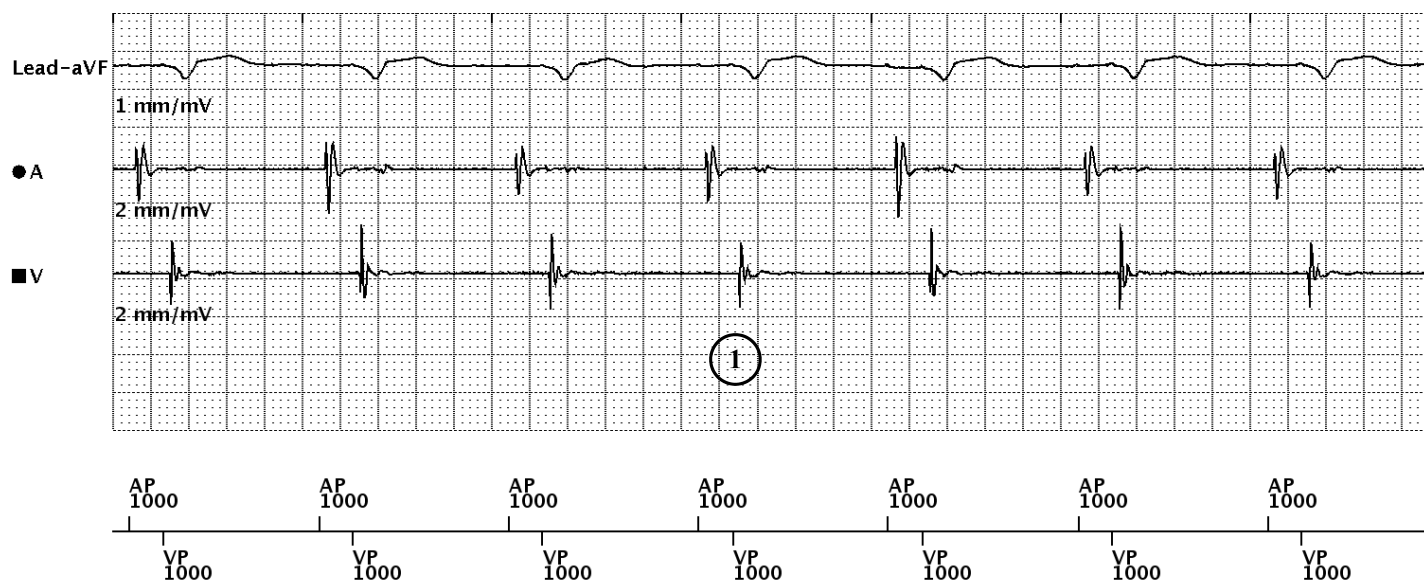


Date naiss. N.R. N.R. N.R.
Appareil VITALIO MRI

Dernière interrogation bureau
N.R.
Date implant.
N.R.



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