

Nom, prénom :

Date de naissance

Date :

Coordonnées du professionnel

<p>Ligne de l'ordonnance</p> 	<p>Pourquoi ce médicament</p> 	<p>Comment je le prends</p> 	<p>Matin</p> 	<p>Midi</p> 	<p>Soir</p> 	<p>Consignes de prise</p> 	<p>Pendant combien de temps</p> 																																			
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