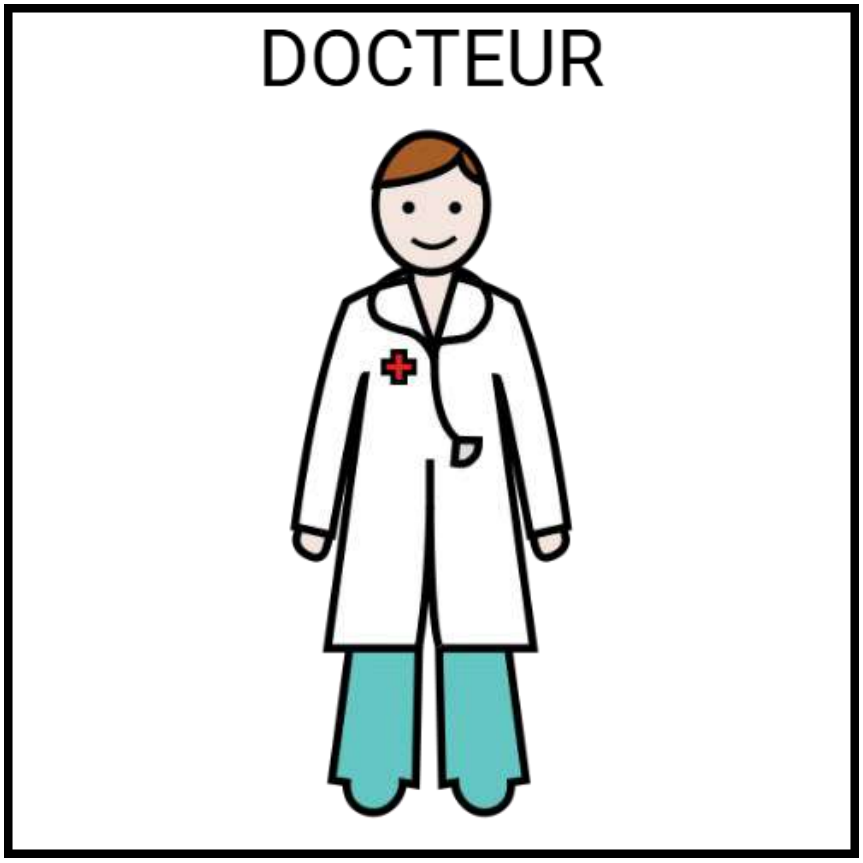
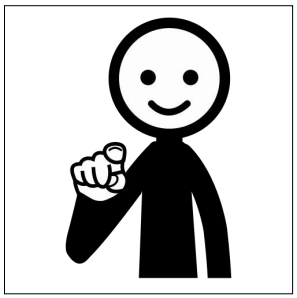
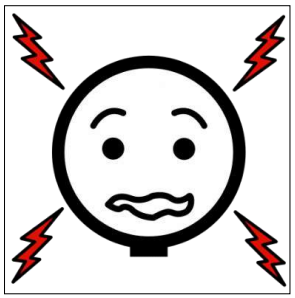
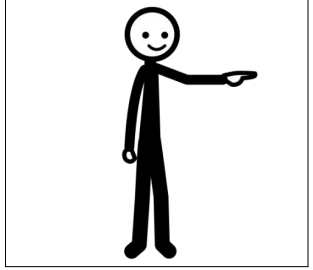


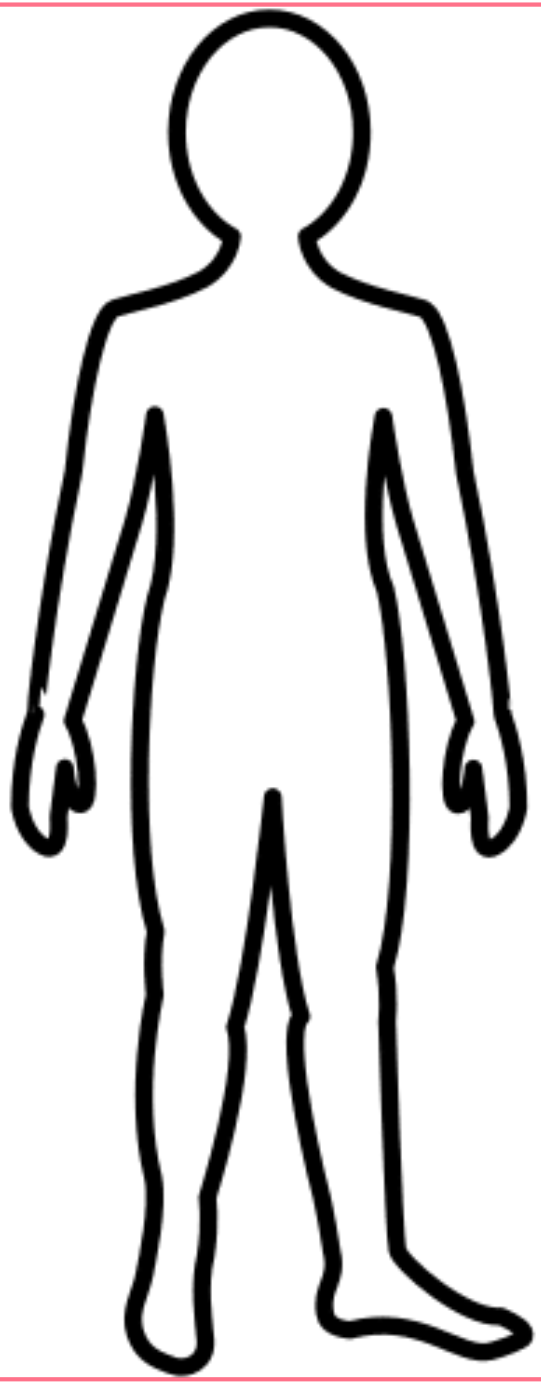
CONSULTATION CHEZ LE DOCTEUR


TU AS MAL OU ?

MONTRE-MOI





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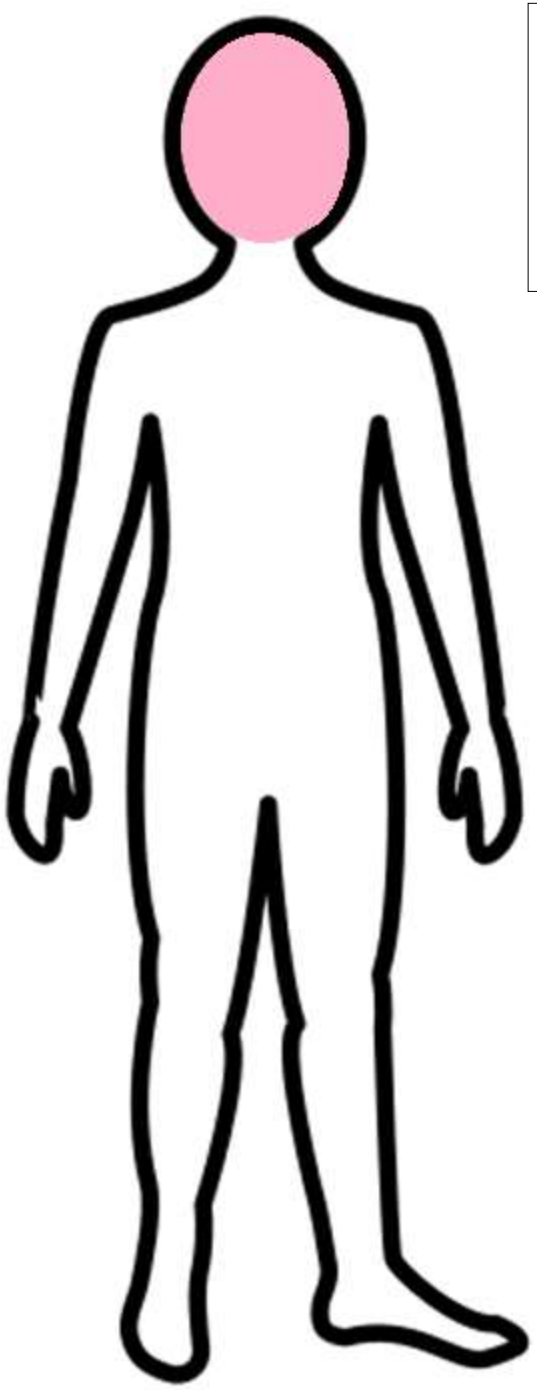

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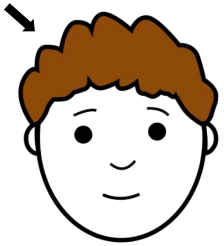

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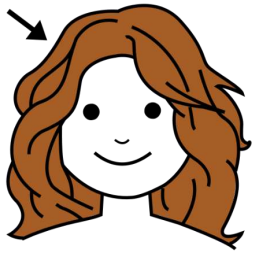

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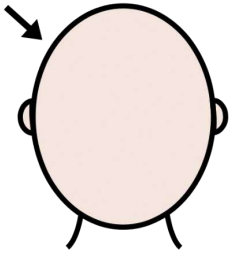

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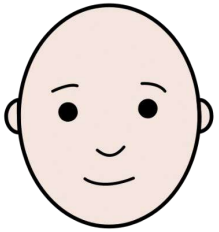

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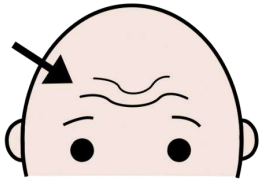

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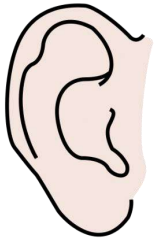

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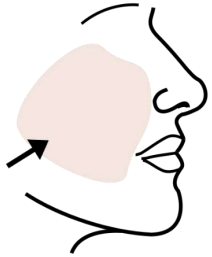

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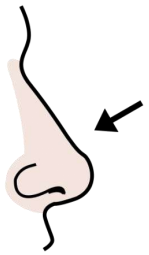

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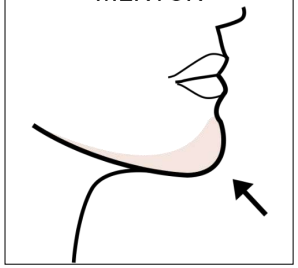

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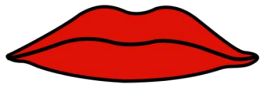
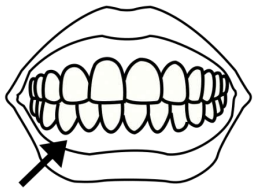


LANGUE



DENTS



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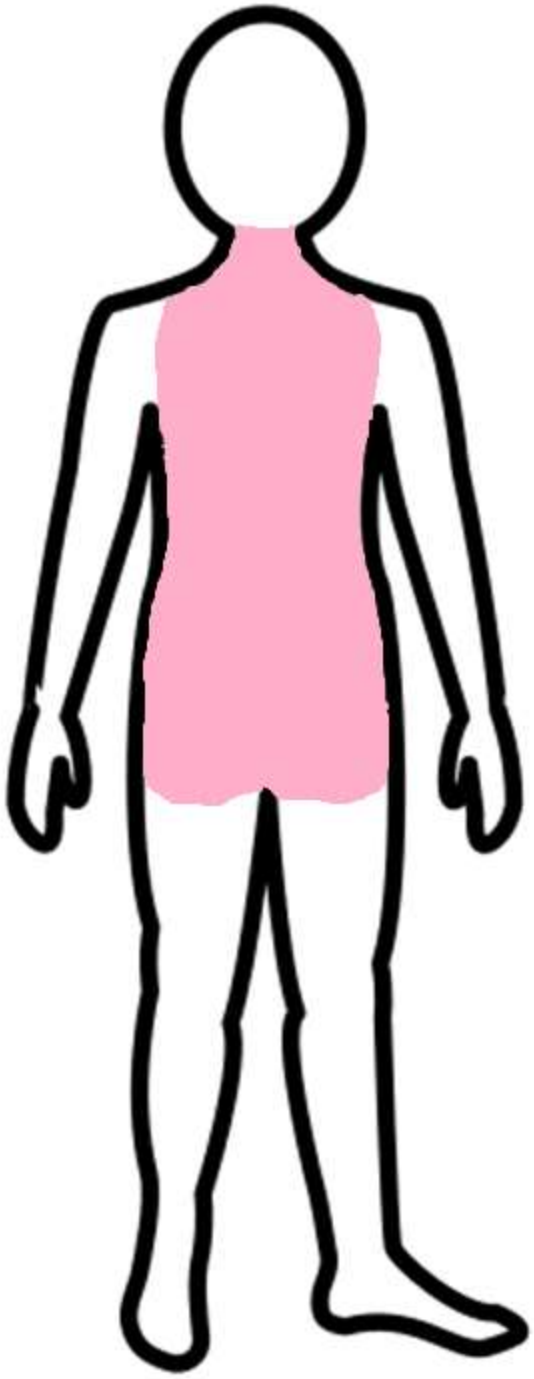

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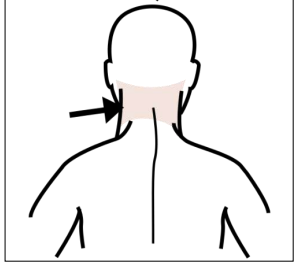

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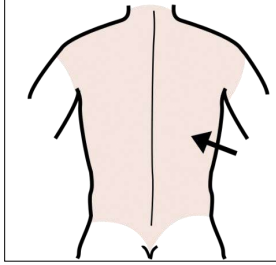

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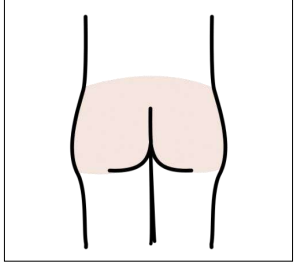

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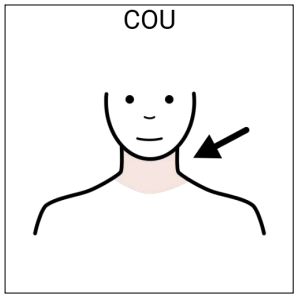

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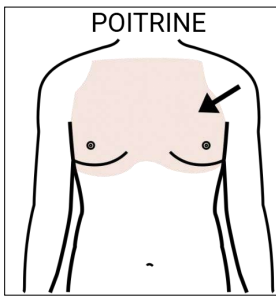

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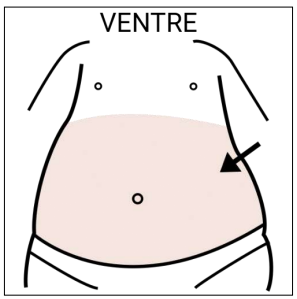
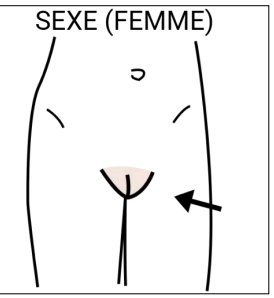
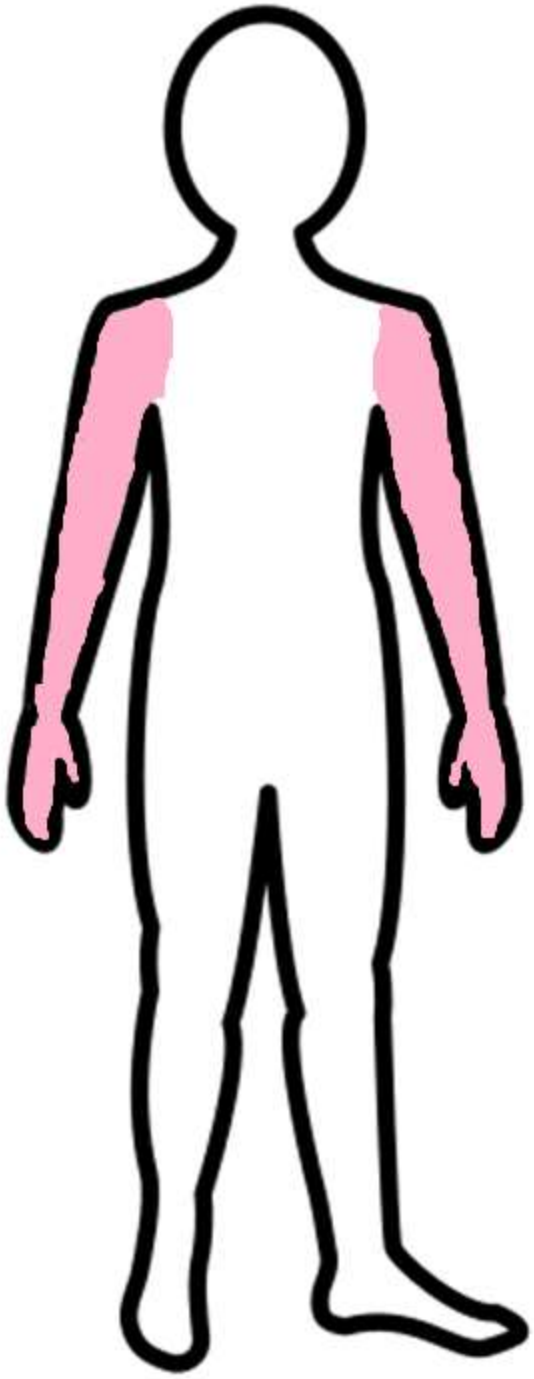


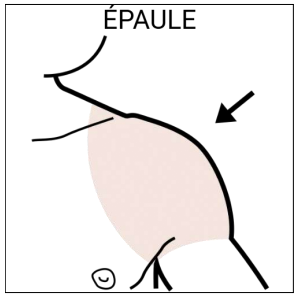
SEXE (HOMME)

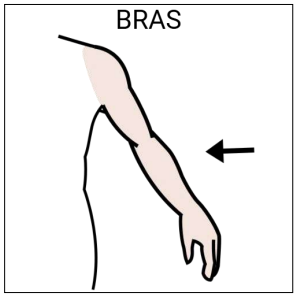


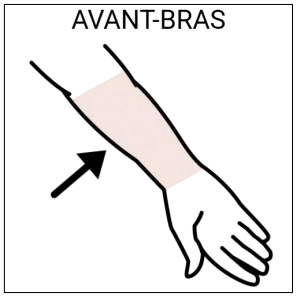
SEXE (FEMME)

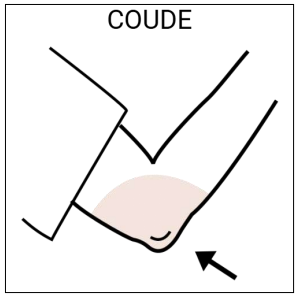


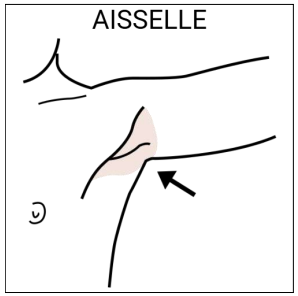


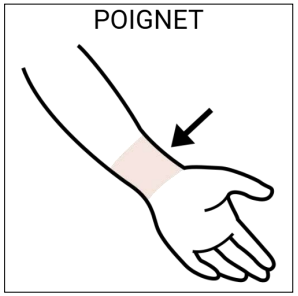


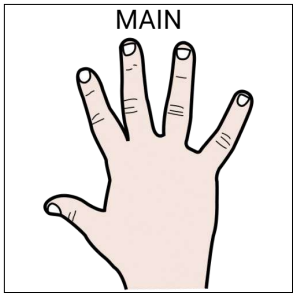


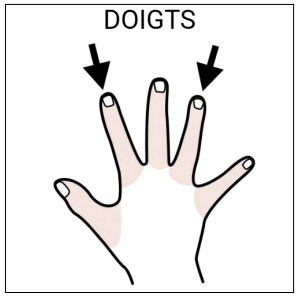












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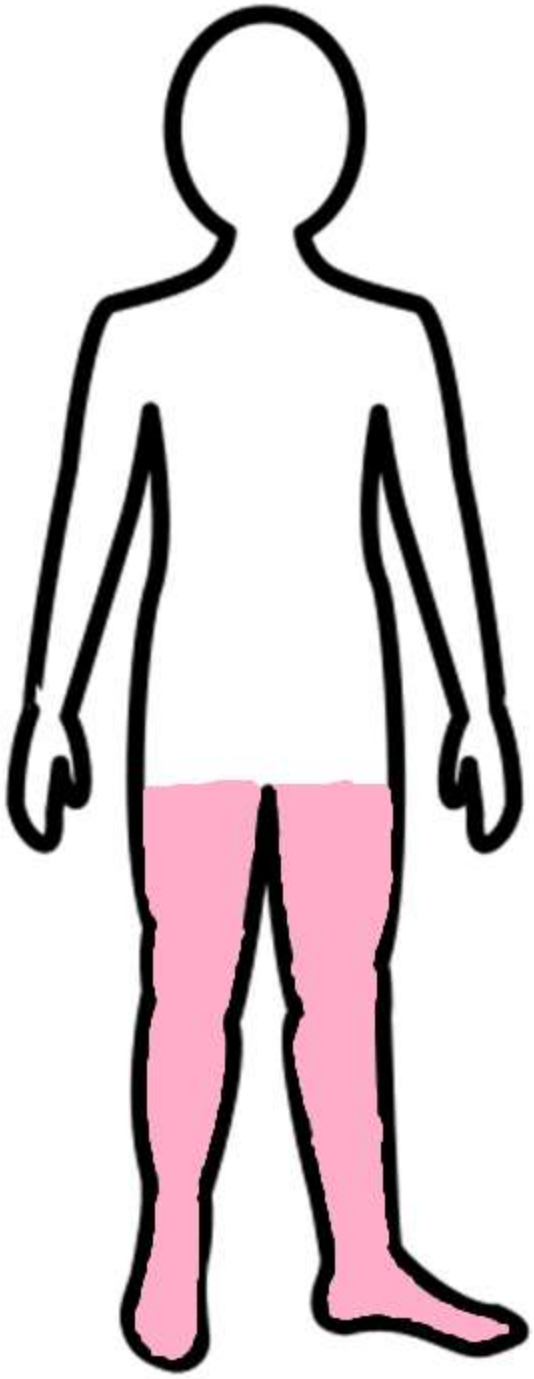

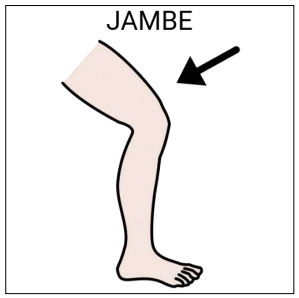
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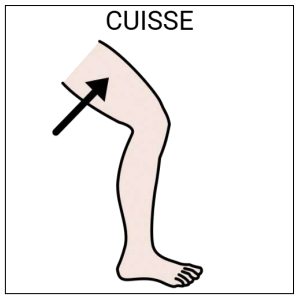
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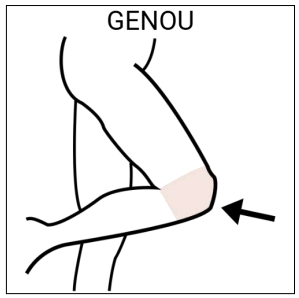
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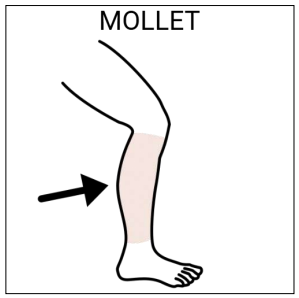
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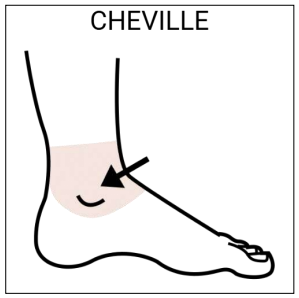
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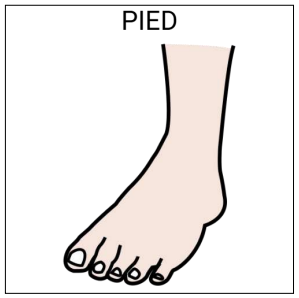
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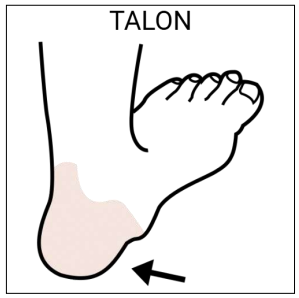
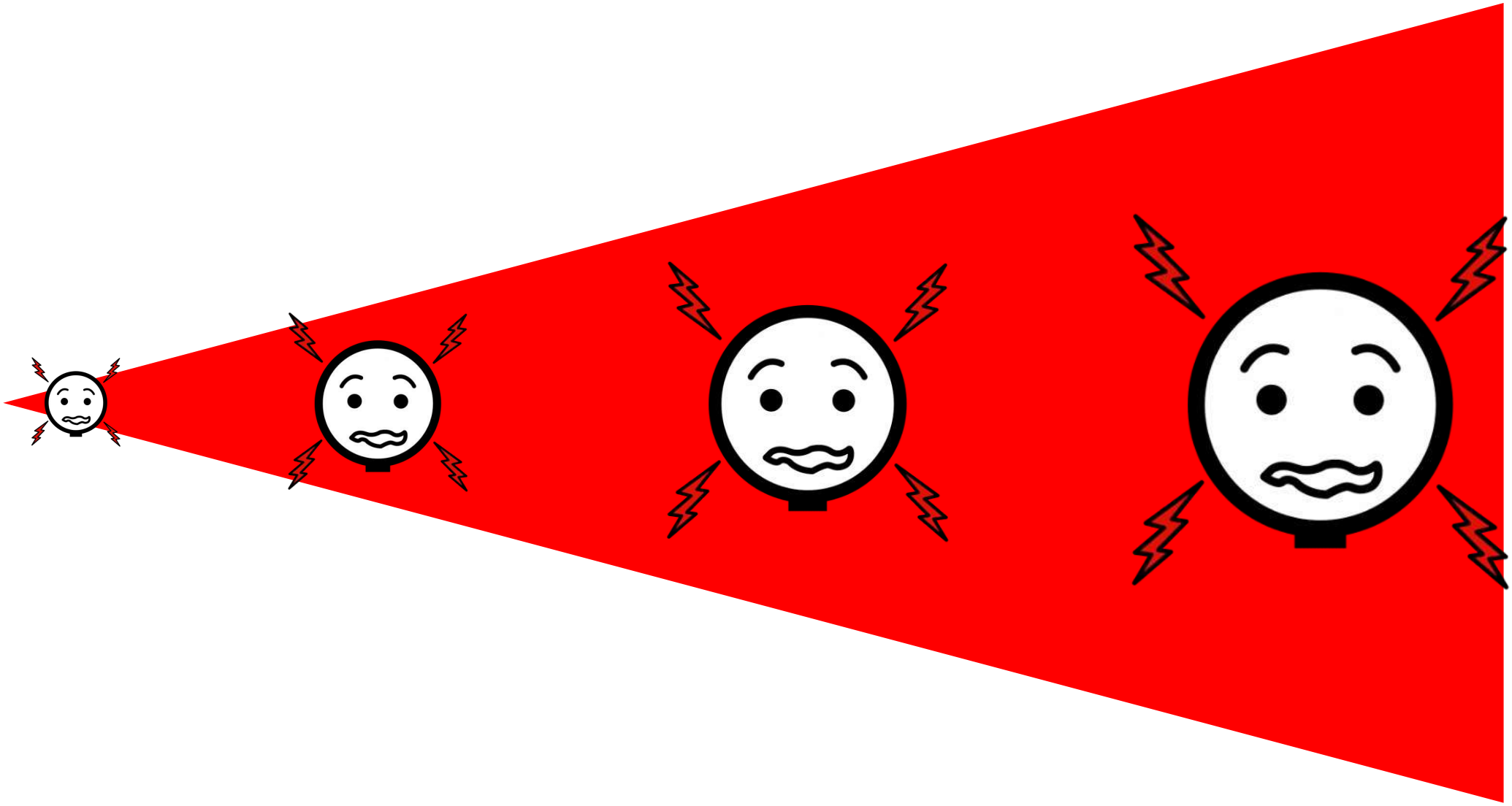

TALON


ORTEILS

COMMENT TU AS MAL ?



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QUEL EST LE PROBLEME ?

DIARRHÉE



FATIGUÉ



VOMIR



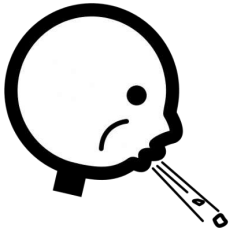
ENVIE DE VOMIR



TOUSSER



CRACHER



NEZ QUI COULE



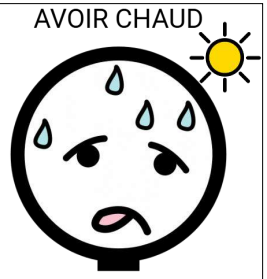
FIÈVRE



AVOIR FROID



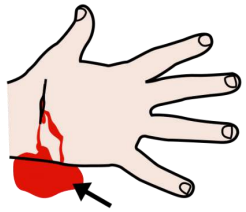
AVOIR CHAUD



TRANSPIRER



SANG



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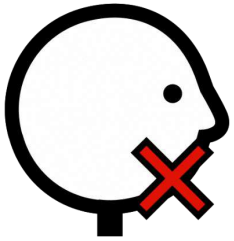

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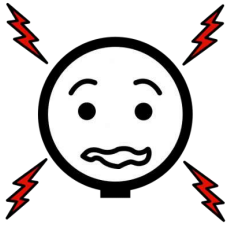
CA FAIT MAL COMMENT ?

ÇA BRÛLE



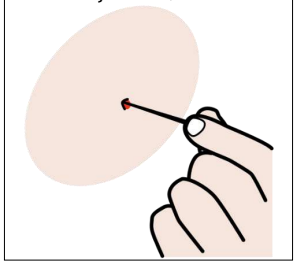
MAL



ÇA GRATTE

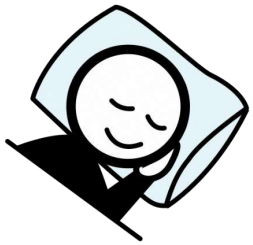


ÇA PIQUE



COMMENT TU DORS ?

DORMIR



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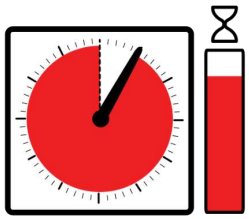
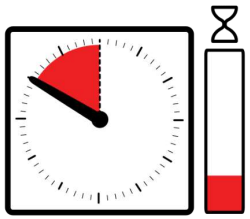
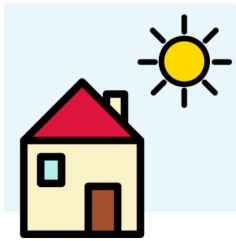


COURT



JOUR



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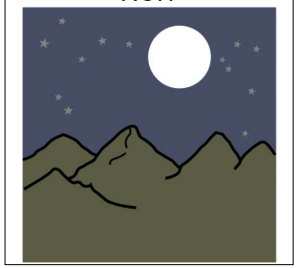


CHAUD



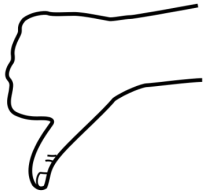
FROID



BIEN



PAS BIEN



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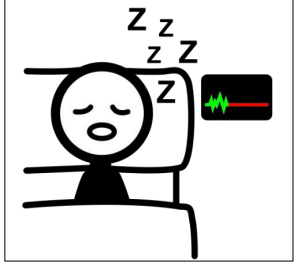
QUEL EST LE PROBLEME ?

APNÉE DU SOMMEIL



INSOMNIE



CAUCHEMAR



INQUIET



RONFLER



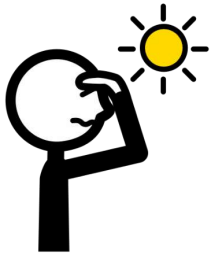
TOILETTES



TROP DE BRUIT



TROP DE LUMIÈRE



TRANSPIRER



FATIGUÉ



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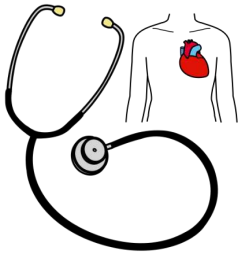
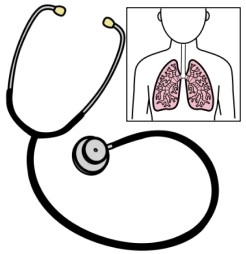
AUSCULTATION

ECOUTER LE COEUR



ÉCOUTER LES POUMONS



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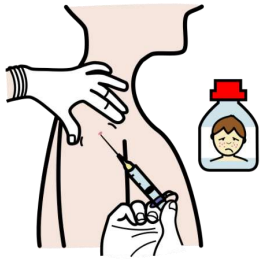
VACCIN



PRENDRE LA TENSION



REGARDER LES OREILLES



PRENDRE LA SATURATION



OUVRIR LA BOUCHE



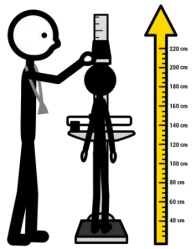
RESPIRE FORT



REGARDER LA GORGE



SE MESURER



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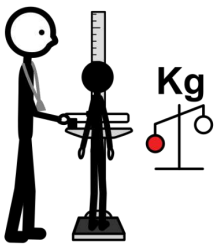

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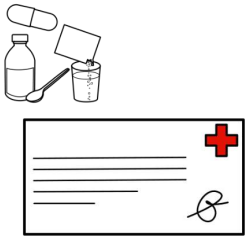
ORDONNANCE

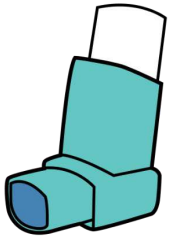
ORDONNANCE



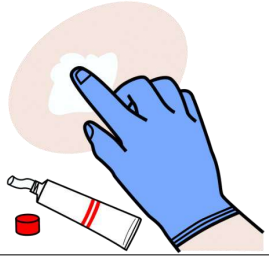
TRAITEMENT



INHALATEUR



METTRE LA CRÈME



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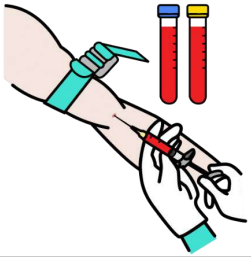


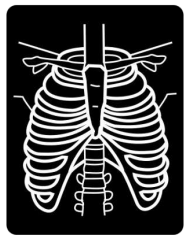
ANALYSE DE SELLES



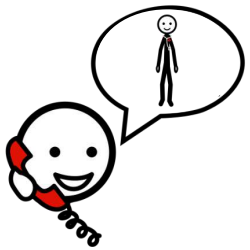
ANALYSE D'URINE



RADIO



PRENDRE RENDEZ-VOUS



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JE SUIS D'ACCORD



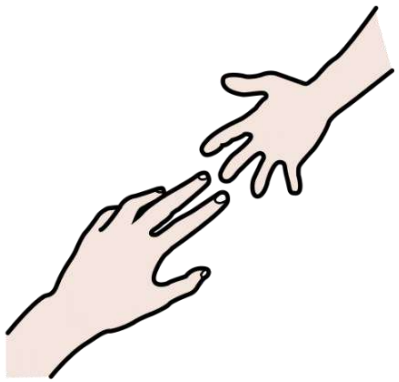
OUI



STOP



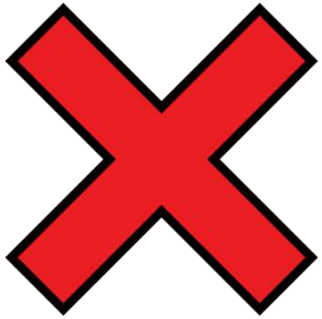
AIDE



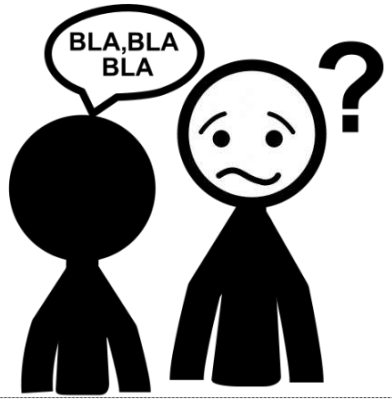
JE NE SUIS PAS D'ACCORD



NON



JE N'AI PAS COMPRIS



PICTOGRAMMES A DECOUPER OU

LAISSER LA PAGE A DISPOSITION

LE TEMPS DE L’AUSCULTATION

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