Cognome e Nome…………………………………………. Data di nascita……/………/………..Cartella Clinica n. ………………… Scheda terapia n…………

Allergie segnalate ………………………………………………………………Allergie documentate ……………………………………………………………….

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| GLICEMIA | | | |  | |  | |  | |  | |  | |  |  |  |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |
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Cognome e Nome…………………………………………. Data di nascita……/………/………..Cartella Clinica n. ………………… Scheda terapia n…………

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