

OUI

je vous n' / ne pas

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A B C D E F G H

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I J K L M N O P

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Q R S T U V W X

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Y Z

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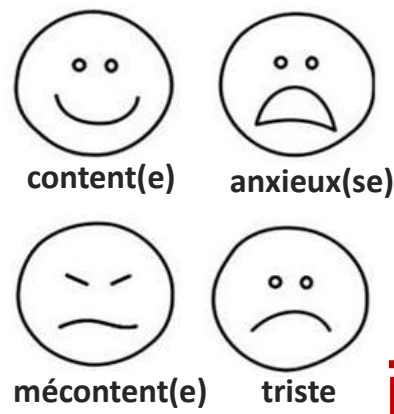
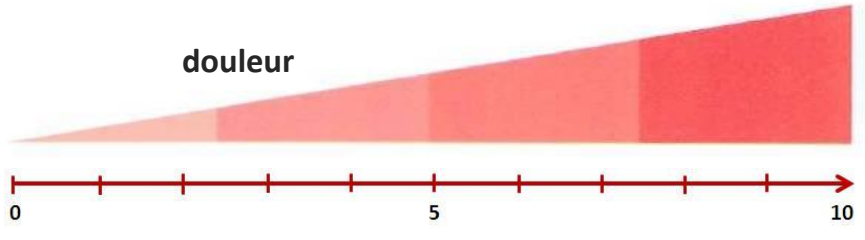
svp merci ?

NON

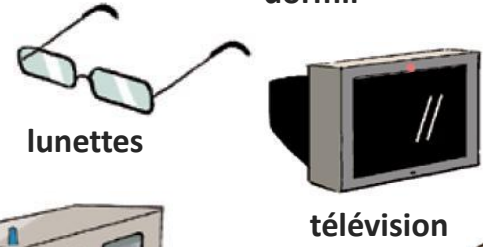
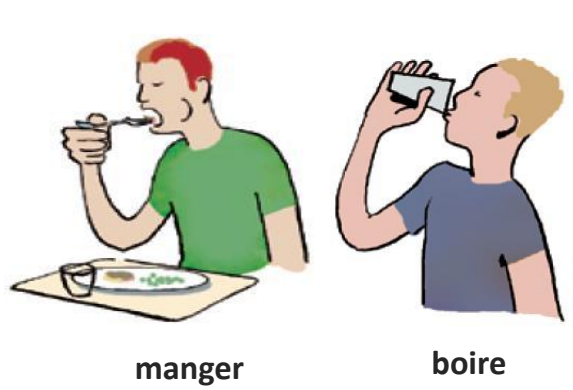
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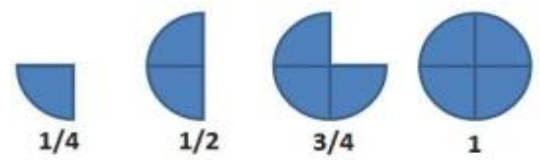
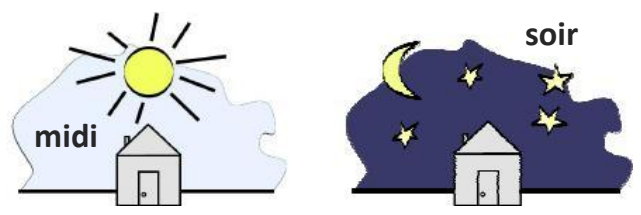
ETAT GENERAL



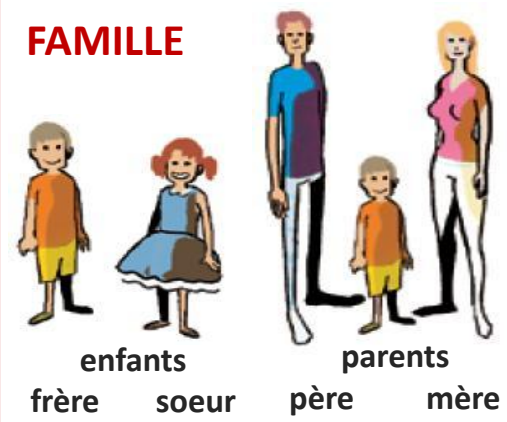
SOINS / INSTALLATION / MATERIEL



TRAITEMENT(S)



FAMILLE



INTERVENANTS

