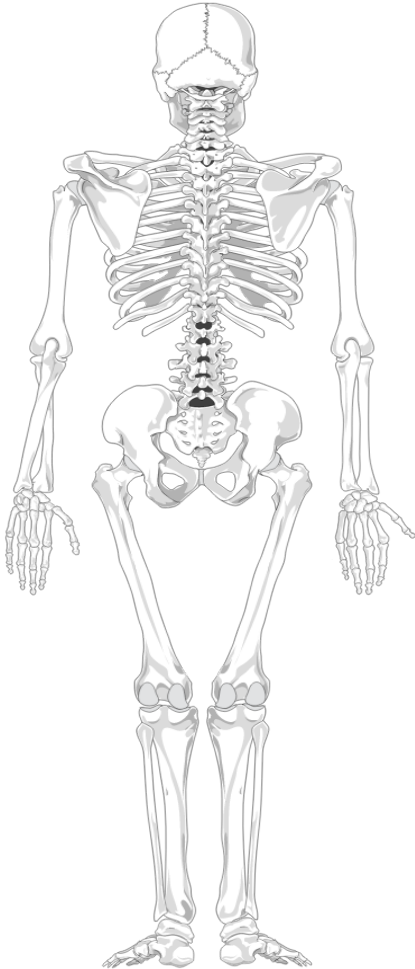
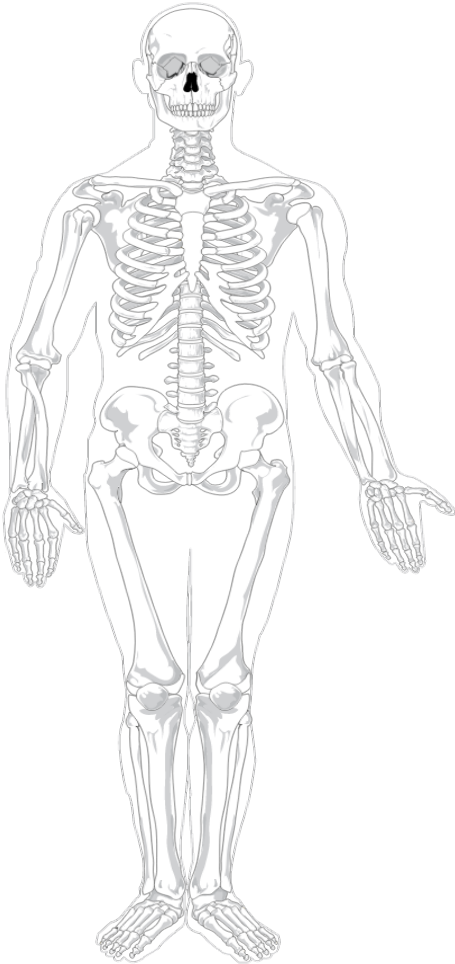


Behandlungsbogen

Name	Alter	Datum



Notizen.