Astma-dagbog

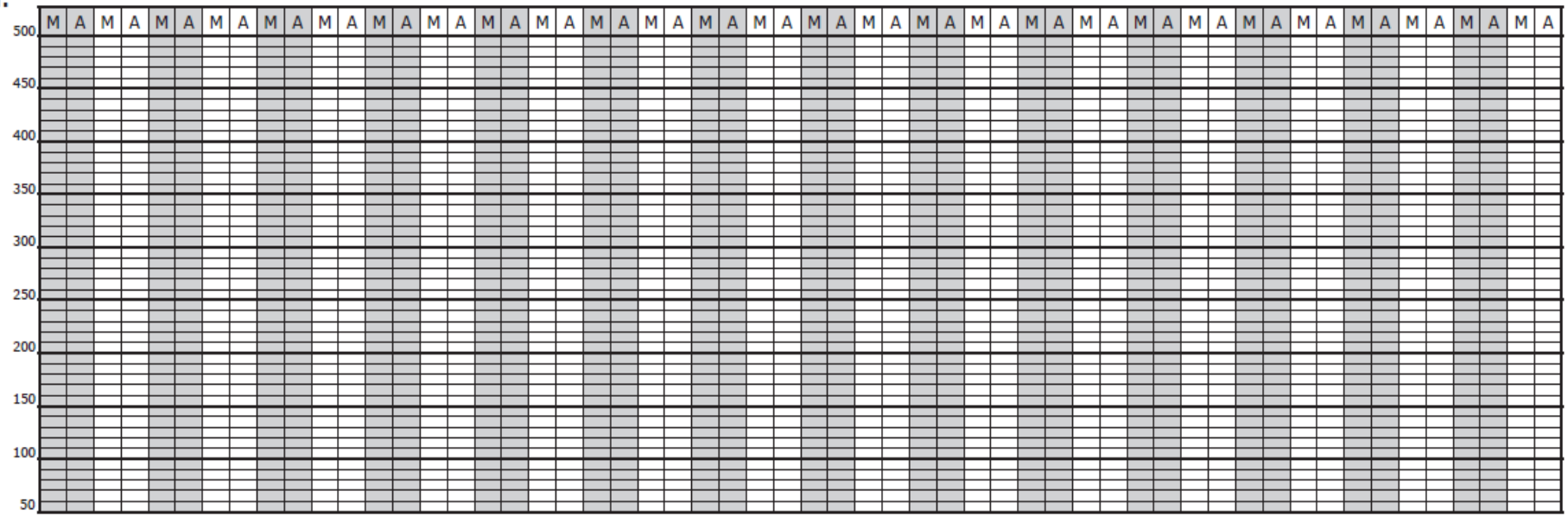
LÆGEHUSET
Kirke Hyllinge

NAVN: _____

CPR-NR: _____

Dato:

Peak flow før medicin: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