



HOSPITAL +



DOCTOR



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DOCTORA



A

B C D E

F G H I J K L

M N O P Q R S

T U V W X Y Z

1 2 3 4 5 6 7 8 9



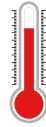
DIAGNÓSTICO

NOMBRE: _____

EDAD: _____



NIÑO



TEMPERATURA _____



NIÑA



PULSO _____

¿QUÉ TE DUELE?



MANO
BRAZO



DOLOR DE
TRIPA



PIE
PIERNA



FIEBRE



DOLOR DE
CABEZA



RESFRIADO

TRATAMIENTO

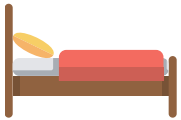
NOMBRE: _____



PASTILLAS



RAYOS X



REPOSO



CREMA

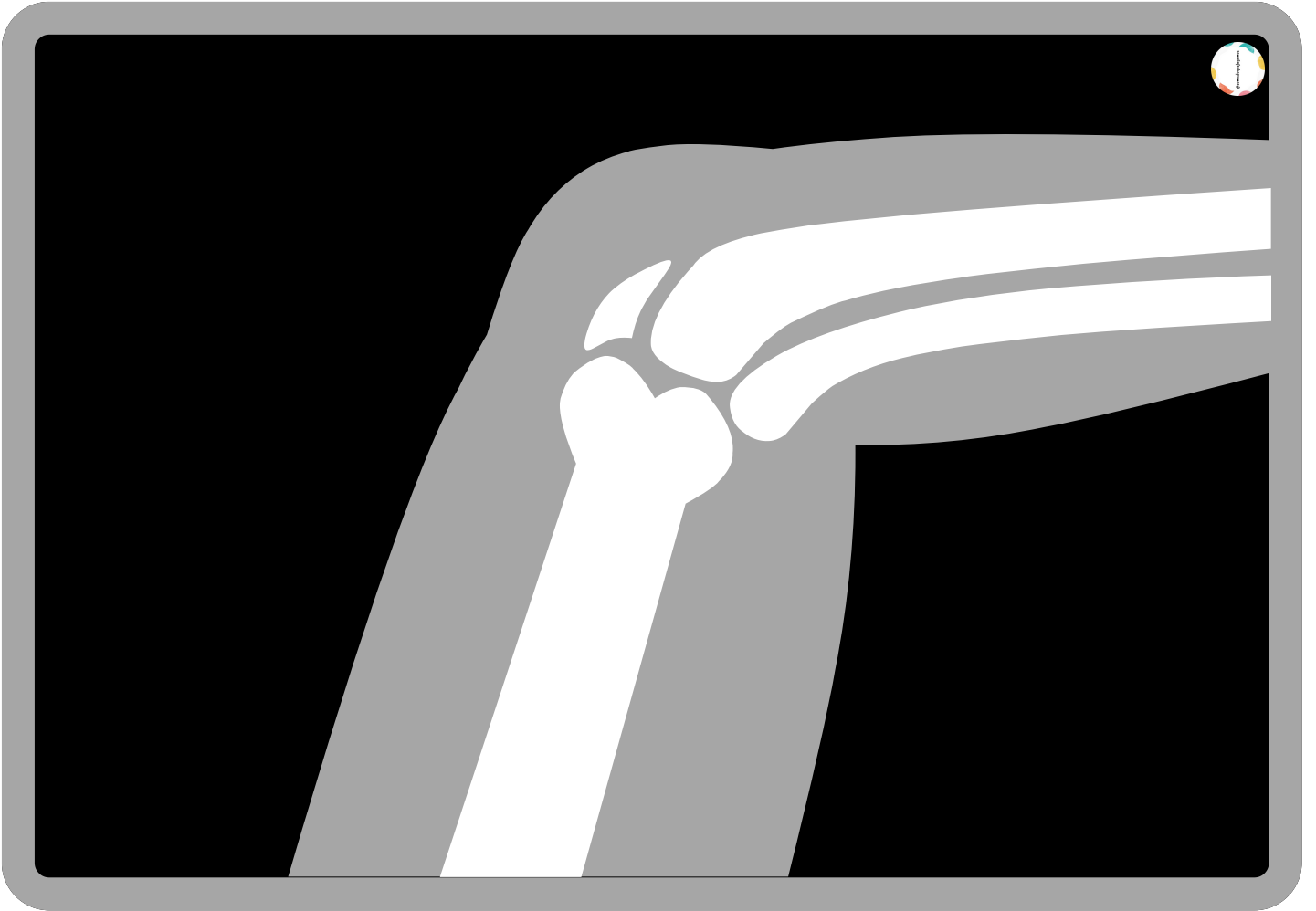


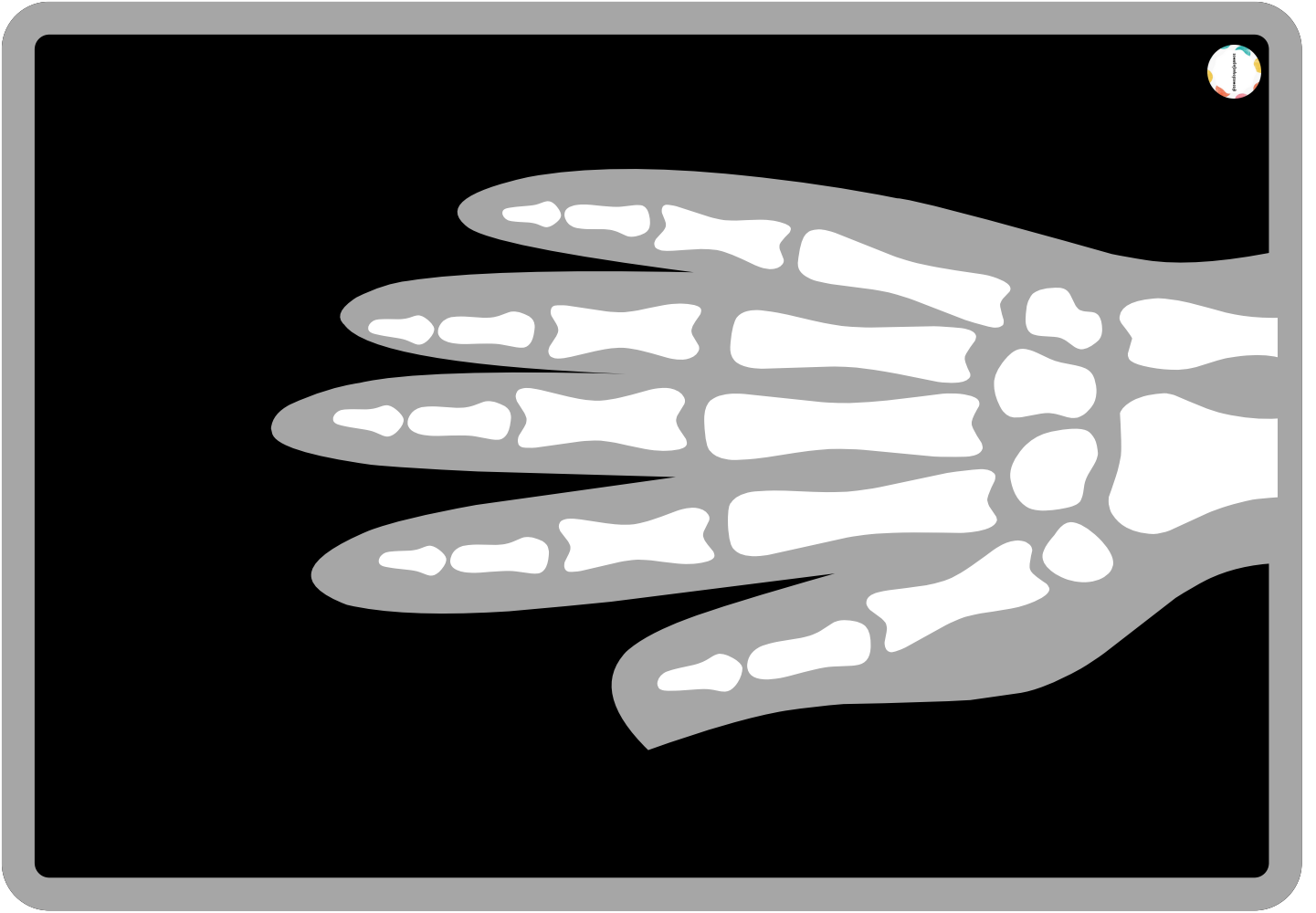
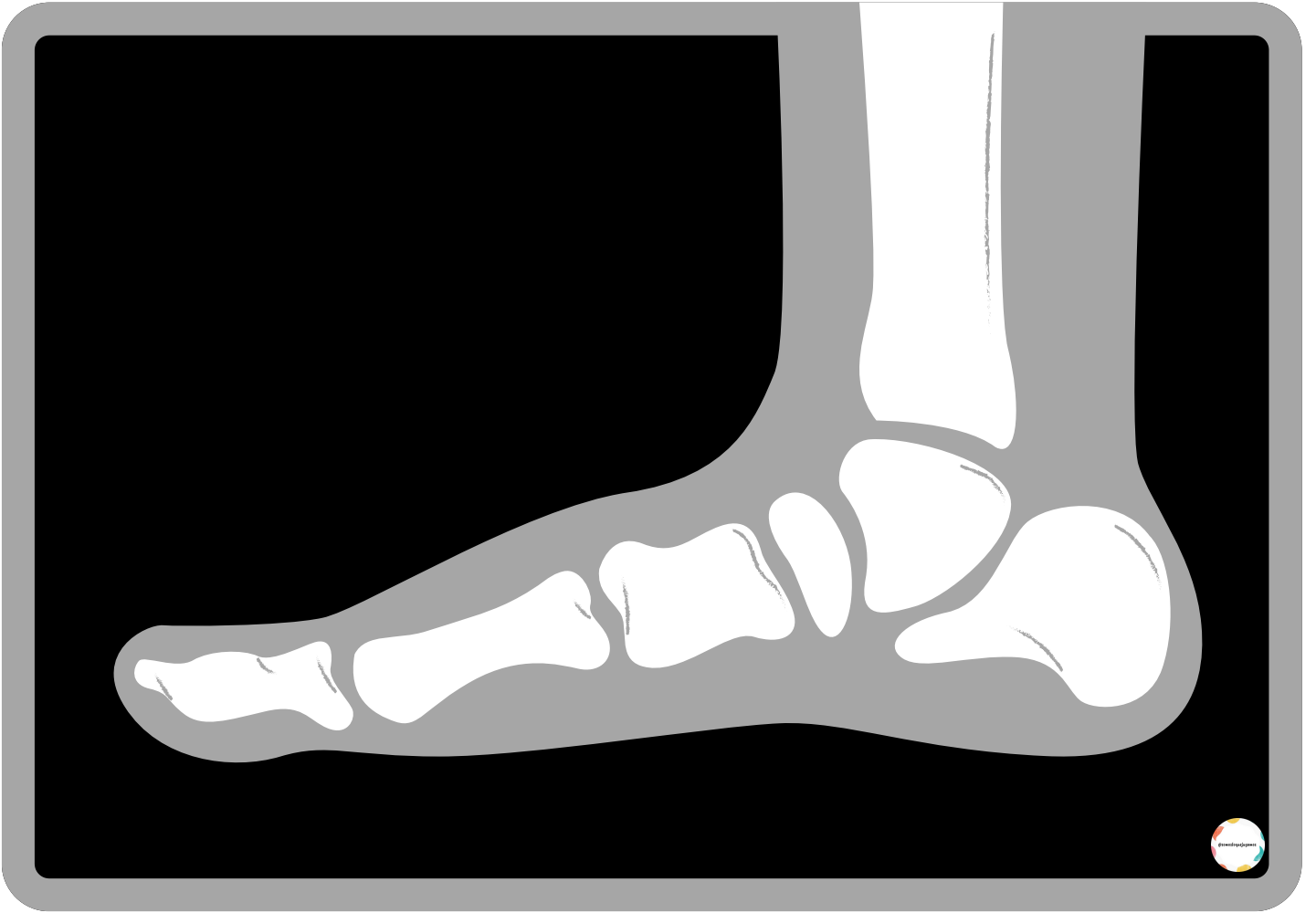
JARABE



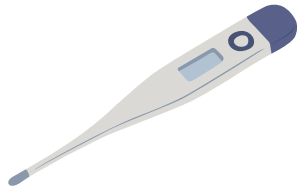
VACUNA







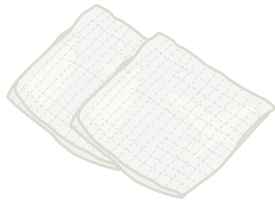
TERMÓMETRO



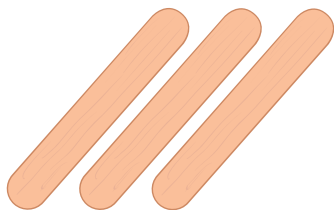
ALGODONES



GASAS



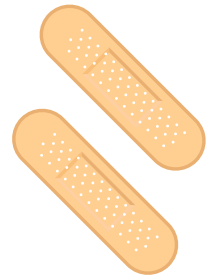
PALOS DE MADERA



OTOSCOPIO



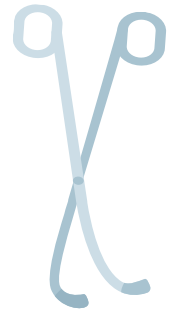
TIRITAS



PASTILLAS



PINZAS



FONENDOSCOPIO

