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OTPADQ

Ordre des technologues
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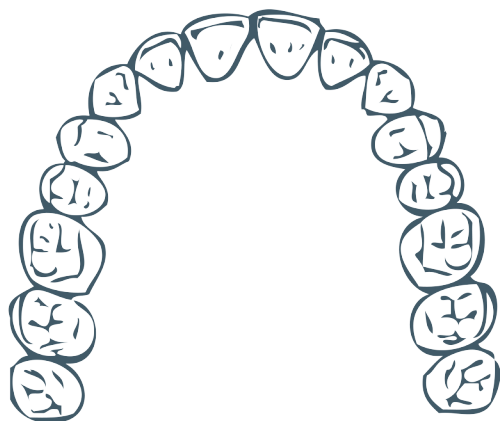
DATE: ___ / ___ / ___
D M Y

DOCTOR: _____

PATIENT: _____

TRY-IN FINISH BACK ON: _____

11 | 21

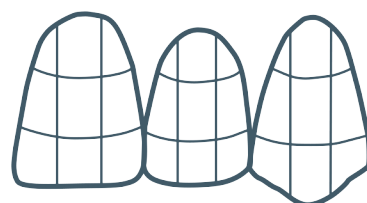


31 | 41



INSTRUCTIONS:

COLOUR: _____



SIGNATURE

LICENCE #