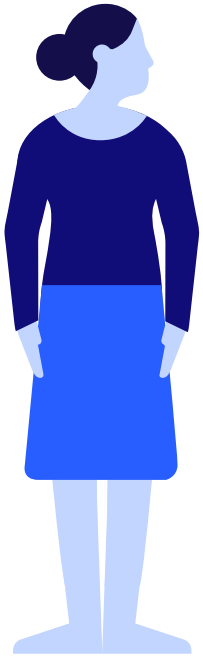
Medtronic

Diario del dolore

Cognome:

Nome:

Mese:



Valutazione del dolore	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	22	22	23	24	25	26	27	28	29	30	31
10																															
9																															
8																															
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6																															
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3																															
2																															
1																															
0																															

Altri sintomi

Sanguinamento																															
Ovulazione																															
Minzione																															
Movimenti intestinali																															

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