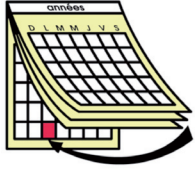


Le formulaire en 3 questions

FORMAT PICTOGRAPHIQUE



Pour plus de détails, se référer au guide d'utilisation.



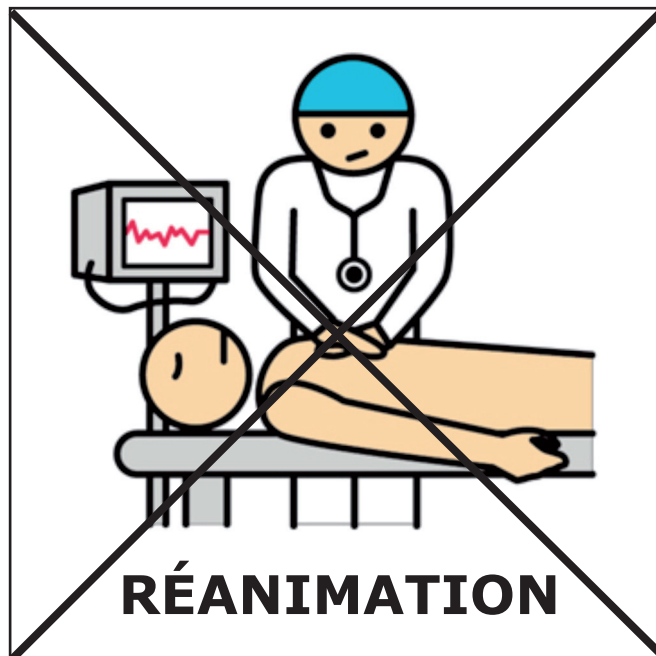
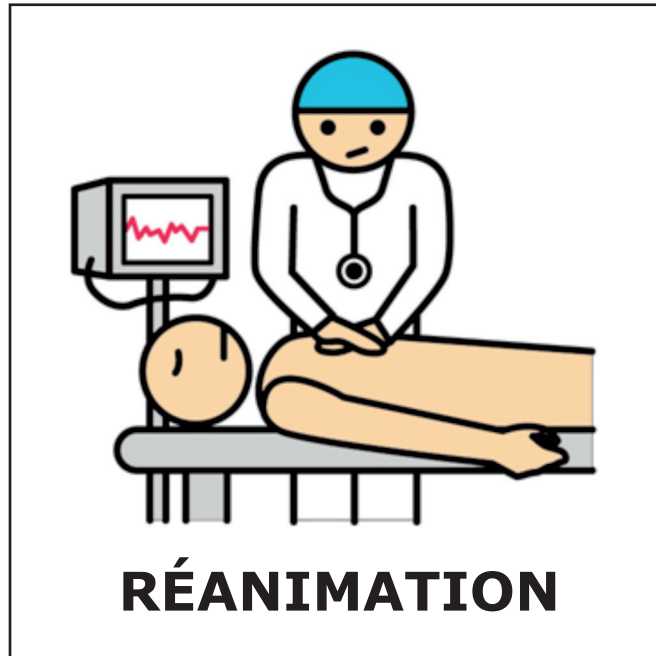
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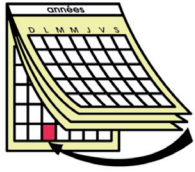


MON COEUR ARRÊTE DE BATTRE



... JE DÉCIDE





SI UN JOUR



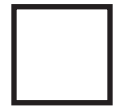
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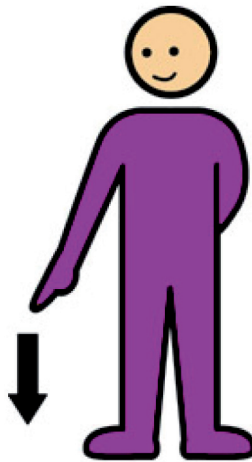
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**TRANSFERT
À L'HÔPITAL
EN AMBULANCE**

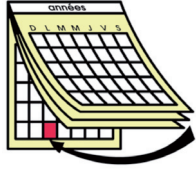


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RESTER ICI





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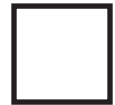


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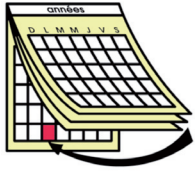
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SOINS INTENSIFS



SOINS INTENSIFS





SI UN JOUR

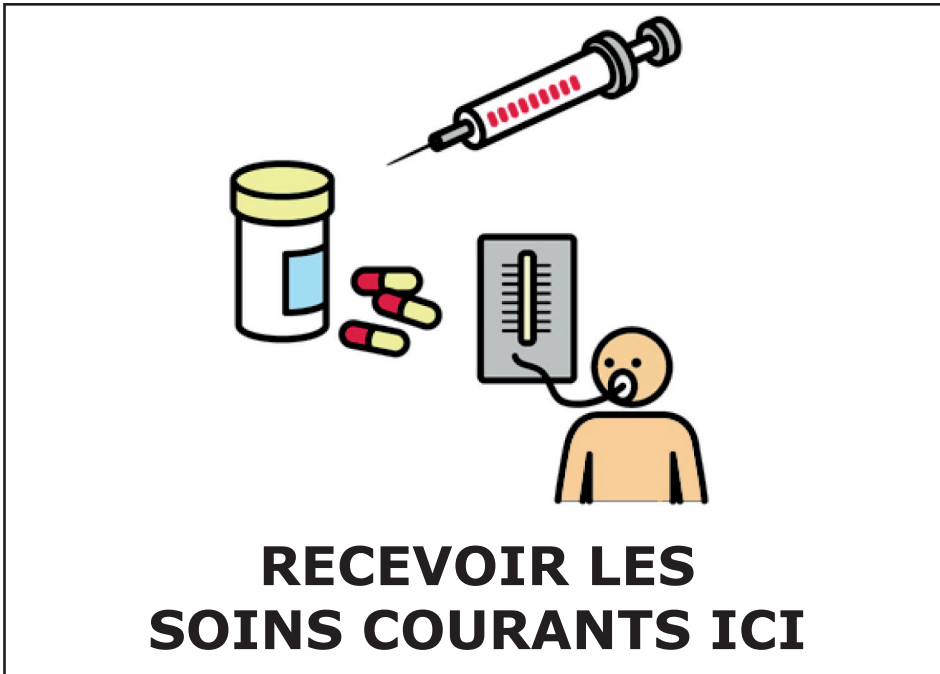


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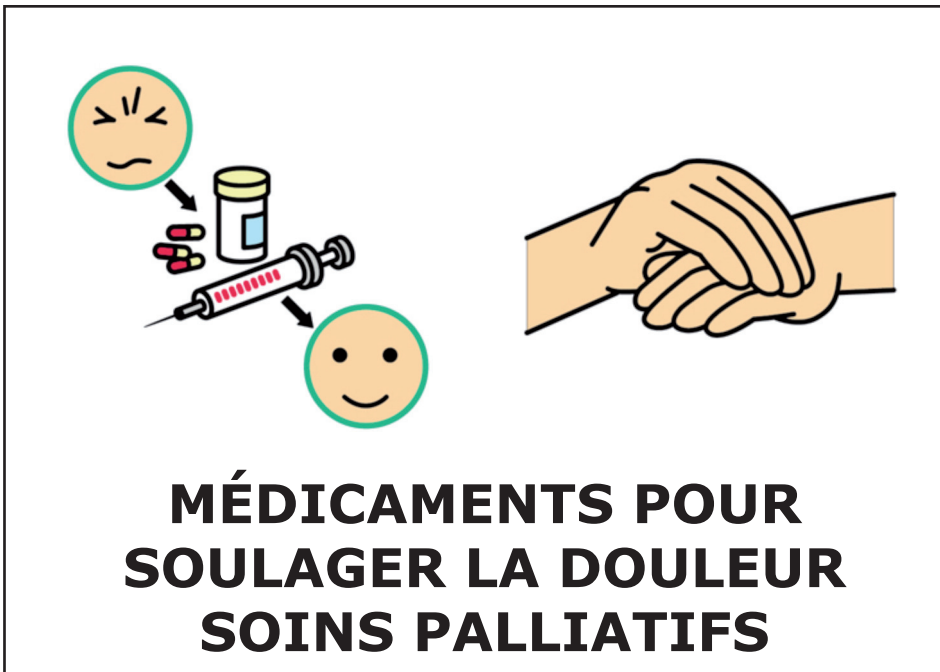
JE DÉCIDE



RECEVOIR LES
SOINS COURANTS ICI



OU



MÉDICAMENTS POUR
SOULAGER LA DOULEUR
SOINS PALLIATIFS

