

Klinik / Praxis:

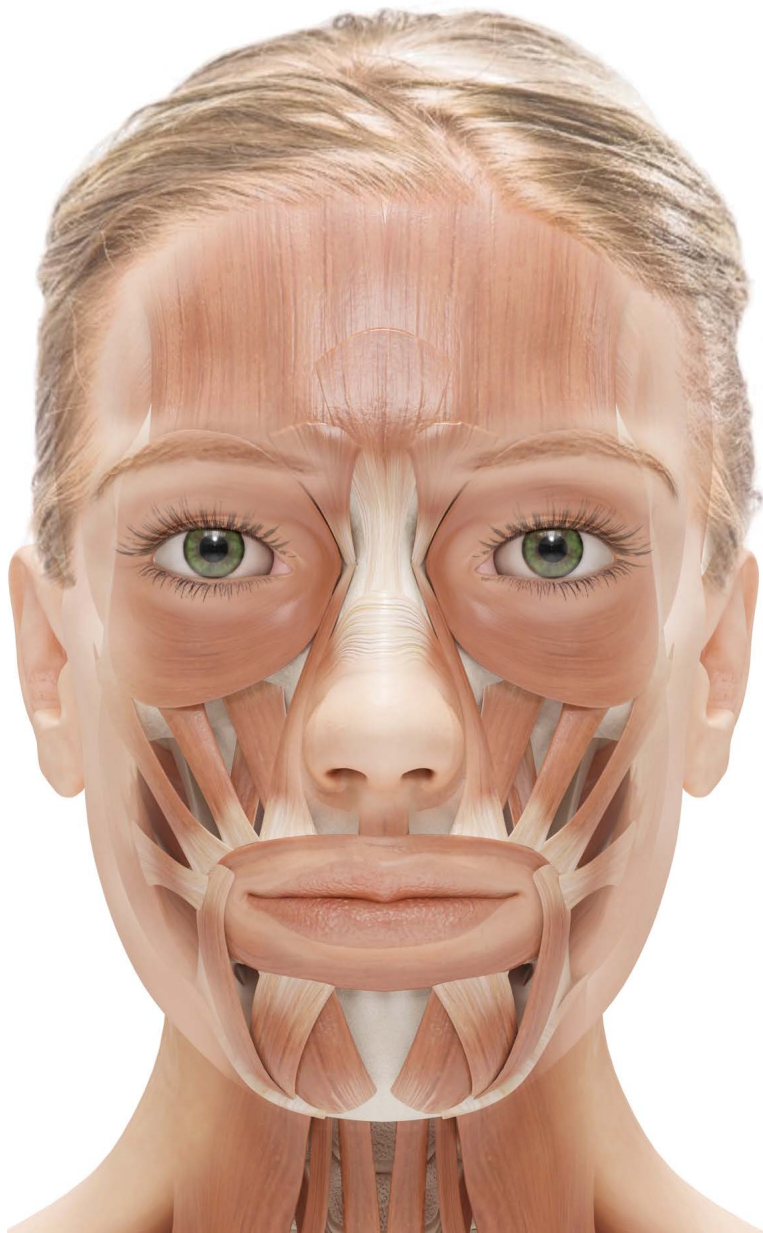


Patientendaten:

Datum des Eingriffs:

L

L



Behandlung:

LOT: