

HAR NI SISTA 14 DAGARNA TAGIT ICKE RECEPTEBELAGDA
LÄKEMEDEL?

Nej

Ja

7

VILKA?

.....
.....
.....
.....

HAR NI SISTA 14 DAGARNA TAGIT SÅ KALLADE NATURLÄKEMEDEL?

Nej

Ja

7

VILKA?

.....
.....
.....
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VAR GOD SKRIV NED NAMNEN PÅ DE MEDICINER SOM ORDINERATS
AV LÄKARE och som Ni tagit under den senaste veckan.

Ifylles ej

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OM FLER MEDICINER VAR VÄNLIG SKRIV DEM PÅ BAKSIDAN AV FORMULÄRET