DOCUMENT NAVETTE

URGENCE MEDICALE



**NOM …………………………………………………………….**

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**N° DE TEL PERSONNE A PREVENIR EN CAS D’URGENCE ……………………………………………………….**

**AUTRES PERSONNE …………………………………………………………………………………………………………….**

**GROUPE SANGUIN …………………………….**

**TRAITEMENTS MEDICAUX PARTICULIERS ……………………………………………………………………………**

**ALLERGIES OU AUTRES ……………………………………………………………………………………………………….**

**NON DU MEDCIN TRAITANT ………………………………………………………  
  
TEL DU MEDECIN TRAITENT ……………………………………………………….**

**OBSERVATION A SIGNALER …………………………………………………………………………………….............  
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