

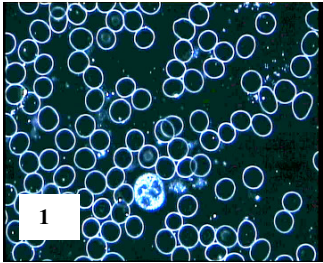
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Vorname:

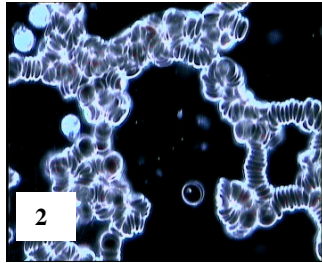
Geb:

Datum:

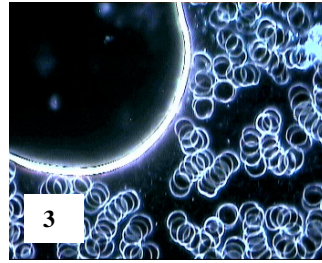
Kontrolltermin:



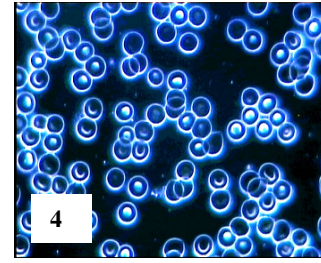
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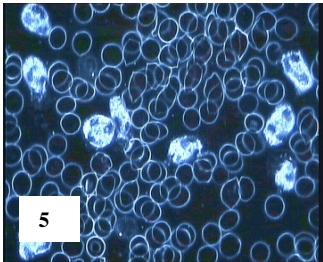
Darmschleimhaut



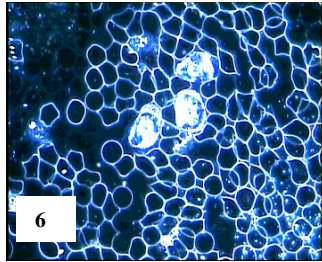
Fehlgärung:



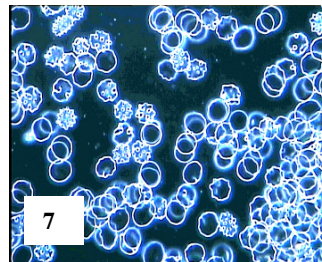
Blutbildung:



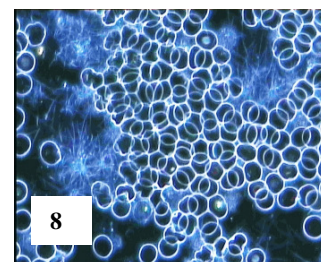
Immunsystem:



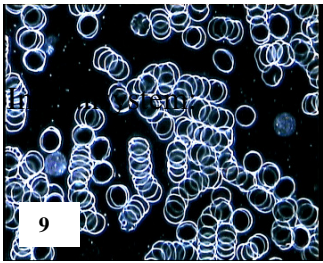
Leber/Gifte:



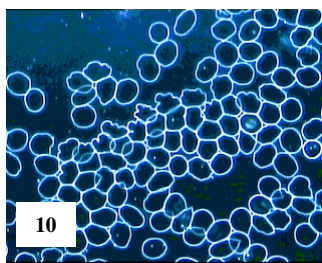
Säure/Base:



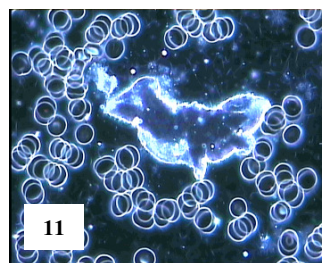
Vitalstoffmangel:



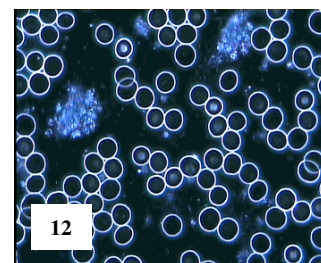
Hg/Cd Belastung:



Blutfette



Kristallbildung:



Mikrothromben:

