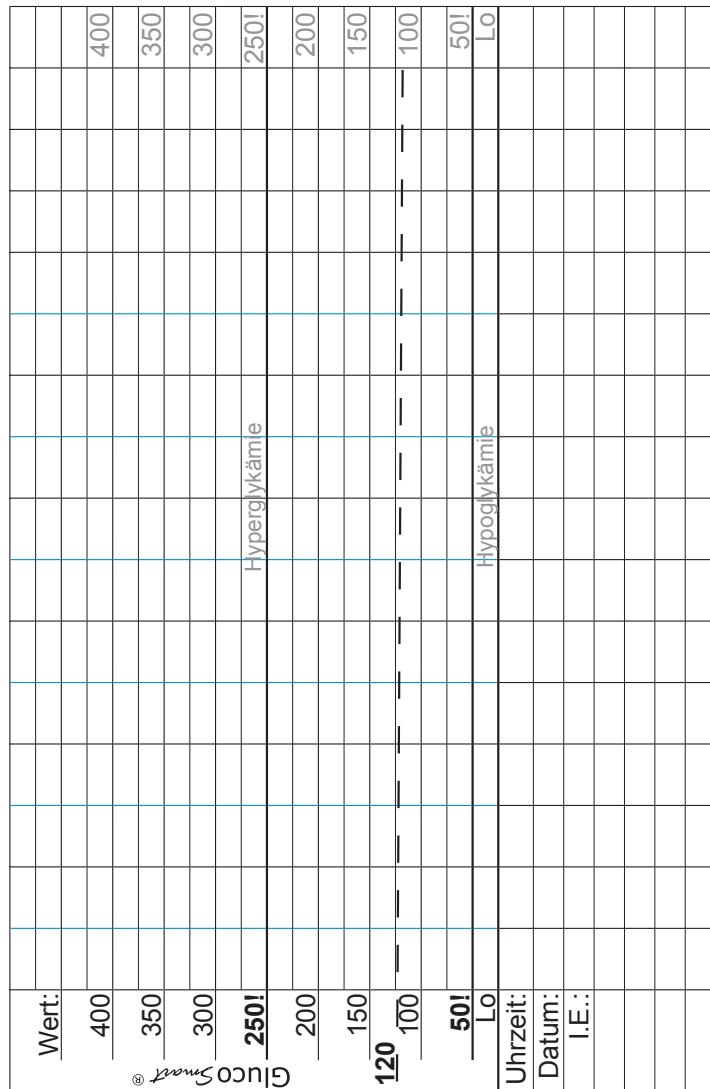


TAGEBUCH KOPIERVORLAGE TABELLE

TAGEBUCH KOPIERVORLAGE DIAGRAMM



Vermerk:

Name

Therapieart

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GlucoSmart®

Name _____

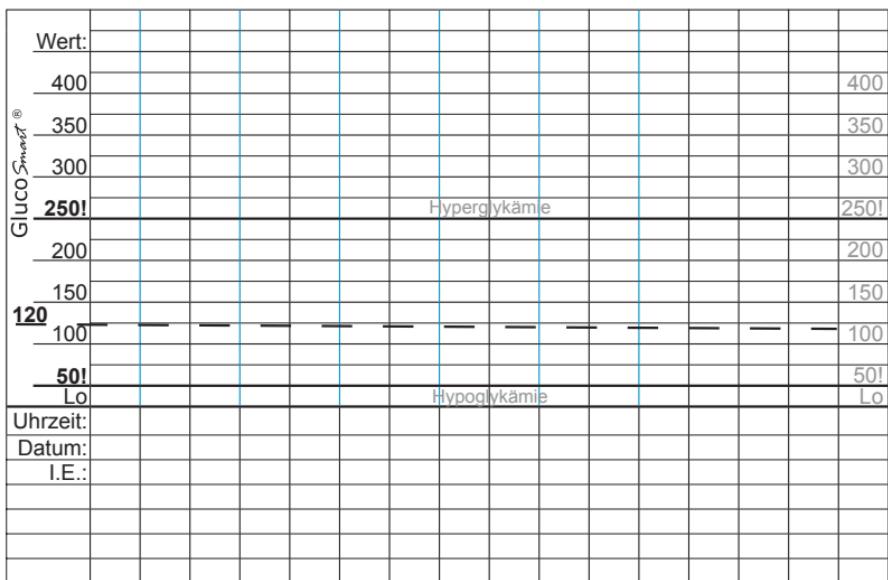
Therapiear

Straße

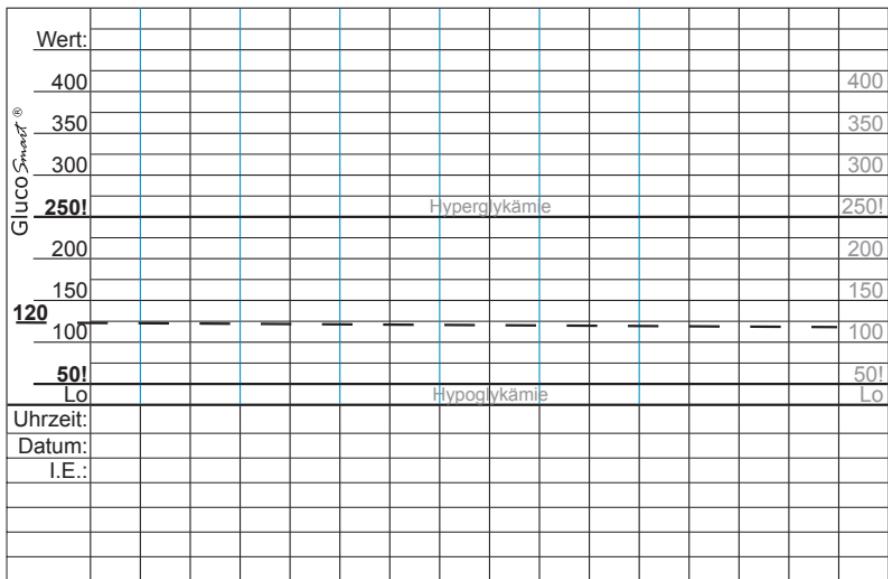
Normalinsulin/Verzögerungsinsulin

PLZ/Ort

Korrekturfaktor



Vermerk:



Vermerk:

Name

Therapieart

Straße

Normalinsulin/Verzögertesinsulin

BL 3/08

Kontrollfaktor