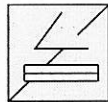




Je n'entends pas



Je ne peux pas parler



Je suis handicapé

Qui envoie le fax?

Nom: _____ Mon N° de Fax: _____

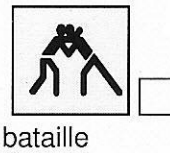
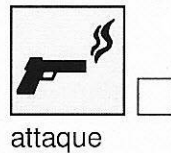
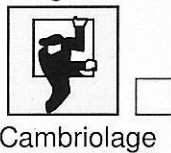
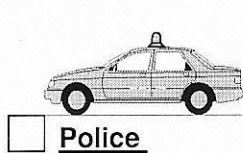
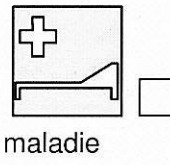
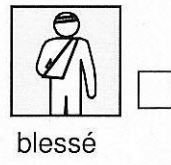
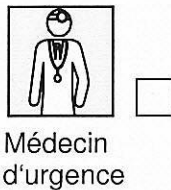
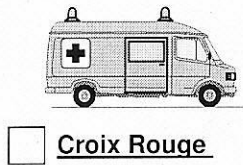
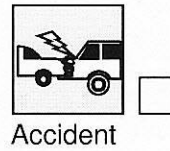
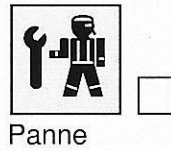
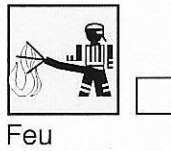
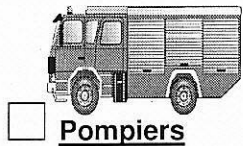
Où doit, venir l'aide?

Rue: _____ Numéro: _____ Etage: _____

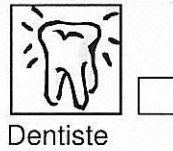
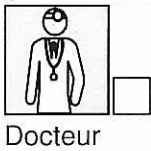
Ville: _____

Qui doit aider?

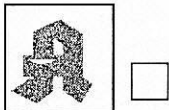
Que s'est-il passé?



Je vous prie de me renseigner sur les services de weekend pour:



Pharmacie de service de la ville: _____



Adresse: _____

Numéro de fax: _____ Téléphone: _____

Merci beaucoup!

Signature: _____

Faxer-moi une réponse, svp !

Faxer-moi une réponse, svp !

(svp = s'il vous plait)

Le fax ol' urgence est arrivé et

Est parti à votre aide.

Signature du receveur : _____