

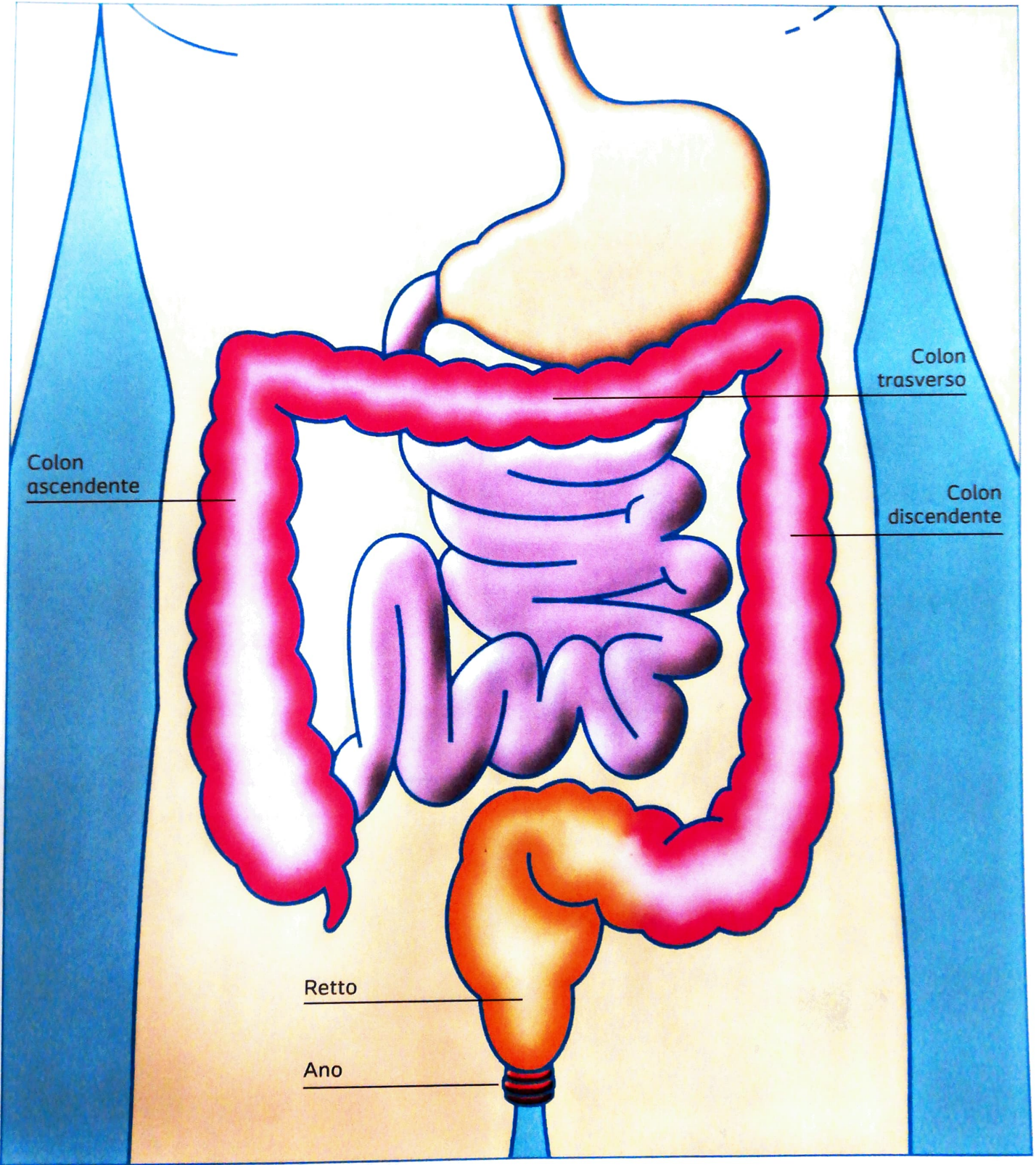
Data

Nome e Cognome _____

Diagnosi _____

Referente Medico _____

Referente Infermieristico _____



Colon ascendente

Colon trasverso

Colon discendente

Retto

Ano