

Mitgliedsnummer: -----

Fall Nr.

Diagnose oder Verdachtsdiagnose

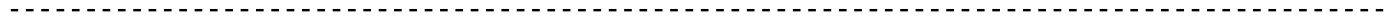
Fall 01.



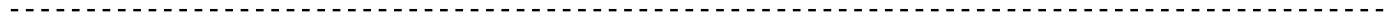
Fall 02.



Fall 03.



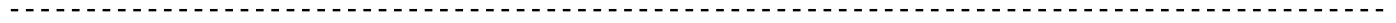
Fall 04.



Fall 05.



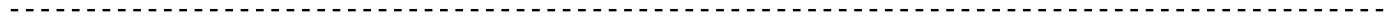
Fall 06.



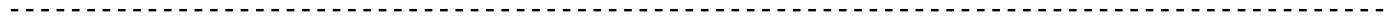
Fall 07.



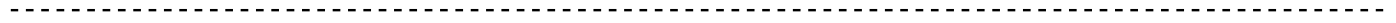
Fall 08.



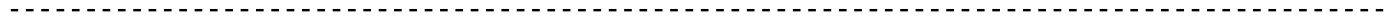
Fall 09.



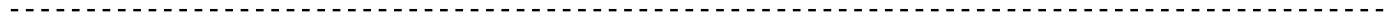
Fall 10.



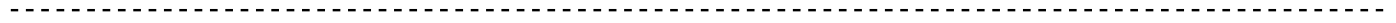
Fall 11.



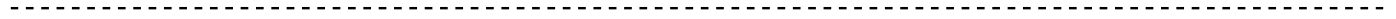
Fall 12.



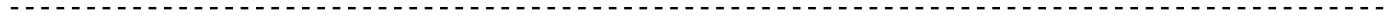
Fall 13.



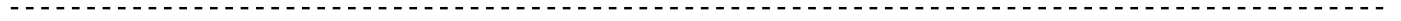
Fall 14.



Fall 15.



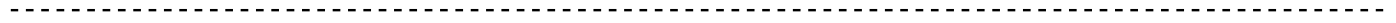
Fall 16.



Fall 17.



Fall 18.



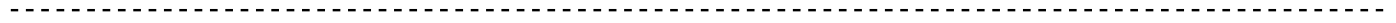
Fall 19.



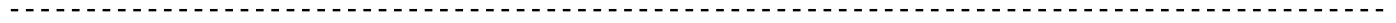
Fall 20.



Fall 21.



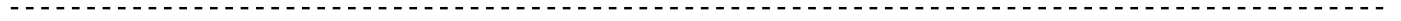
Fall 22.



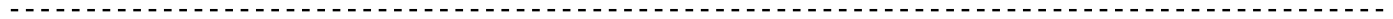
Fall 23.



Fall 24.



Fall 25.



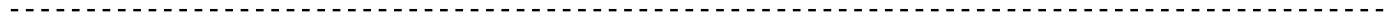
Fall 26.



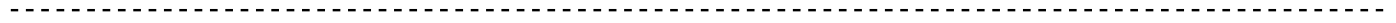
Fall 27.



Fall 28.



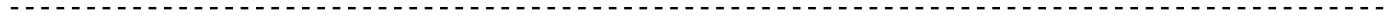
Fall 29.



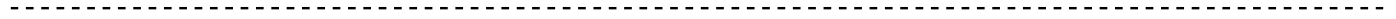
Fall 30.



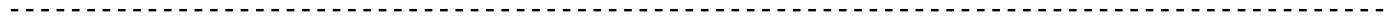
Fall 31.



Fall 32.



Fall 33.



**Diagnosen bitte an die
Deutsche Abteilung der IAP
Joseph-Schumpeter-Allee 33
D-53227 Bonn
senden.**