DATUM: _____

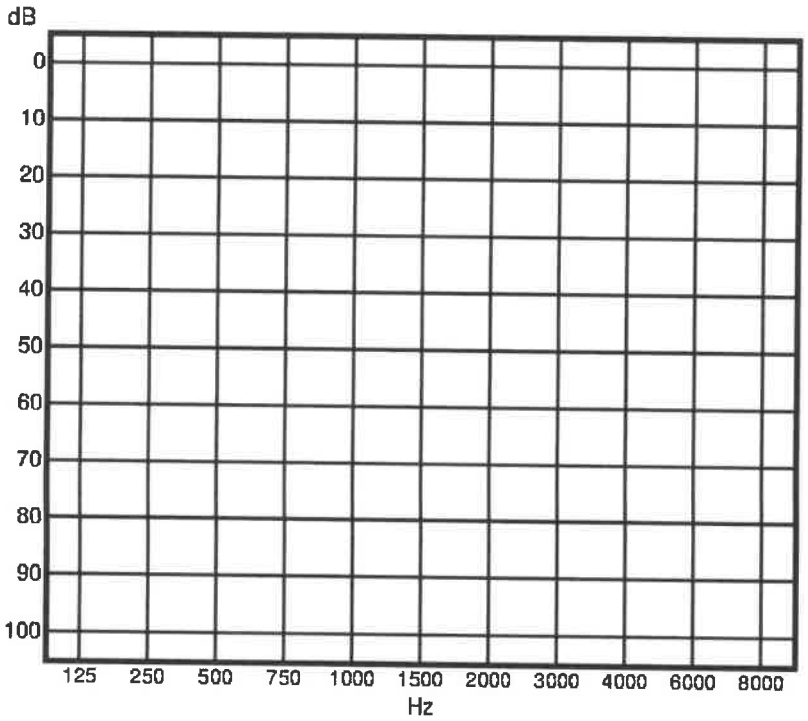
NAME: _____

VORNAME: _____

GEBURTSDATUM: _____

AUDIOGRAMM

RECHTES OHR



LINKES OHR

