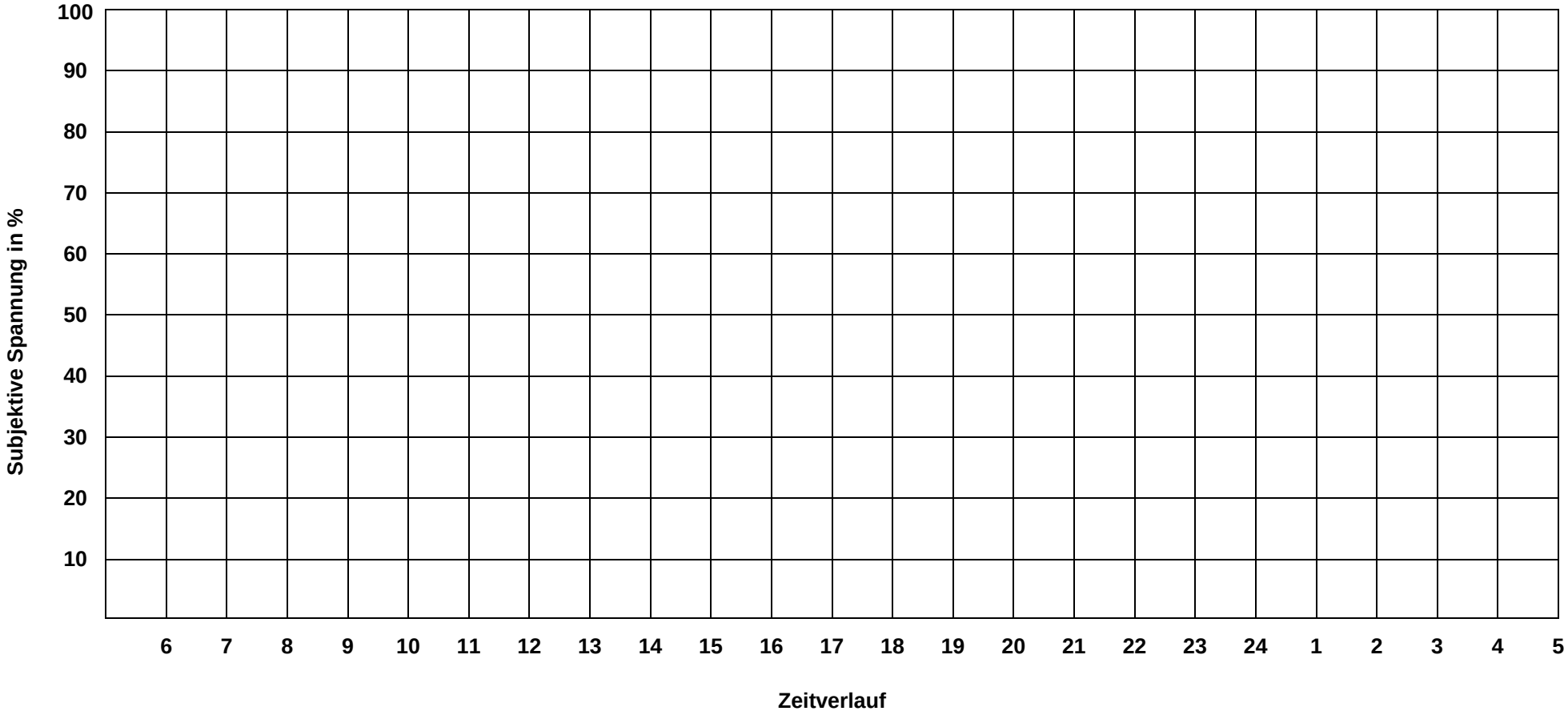
PRIVATKLINIK BAD GLEISWEILER

Spannungskurve

Nachname: _____ Vorname: _____ Datum: _____