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| **Leki:** | **Nazwa/ Dawka** | **Stosowanie** |
| **NA RECEPTĘ** | **RANO** |  |  |
|  |  |
|  | **POŁUDNIE** |  |  |
|  |  |
|  | **WIECZÓR** |  |  |
|  |  |
| **BEZ RECEPTY** |  |  |
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