

BEWEGEN OP VERWIJZING

VLAMSE INSTITUUT GEZOND LEVEN

VERWIJSBRIEF BEWEGEN OP VERWIJZING-COACH

DATUM

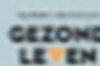
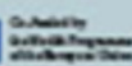
NAAM PATIËNT

RIZIV-nummer

Adviezen & beperkingen

Opmerkingen

Stempel/handtekening verwijzer



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