

A	B	C	D	E	F
G	H	I	J	K	L
M	N	Ñ	O	P	Q
R	S	T	U	V	W
X	Y	Z			

0

1

2

3

4

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8

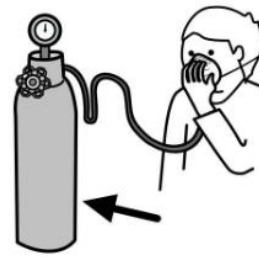
9



**SI**



**NO**



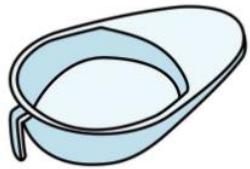
**FALTA DE AIRE**



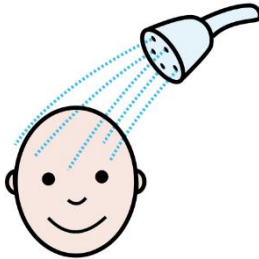
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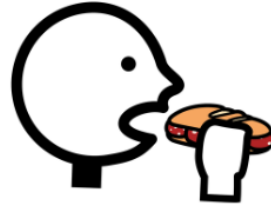
**MAL**



**CUÑA**



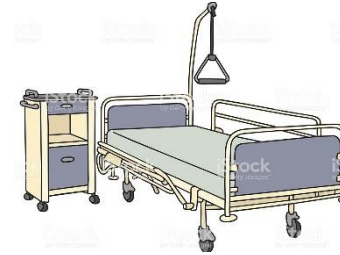
**DUCHA**



**COMER**



**AGUA**



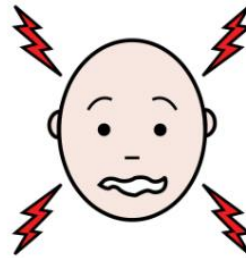
**CAMA**



**BUTACA**



**MIEDO**



**DOLOR**



**FRIO**



**CALOR**



**MÓVIL**



**FAMILIA**



**ENFERMERÍA**