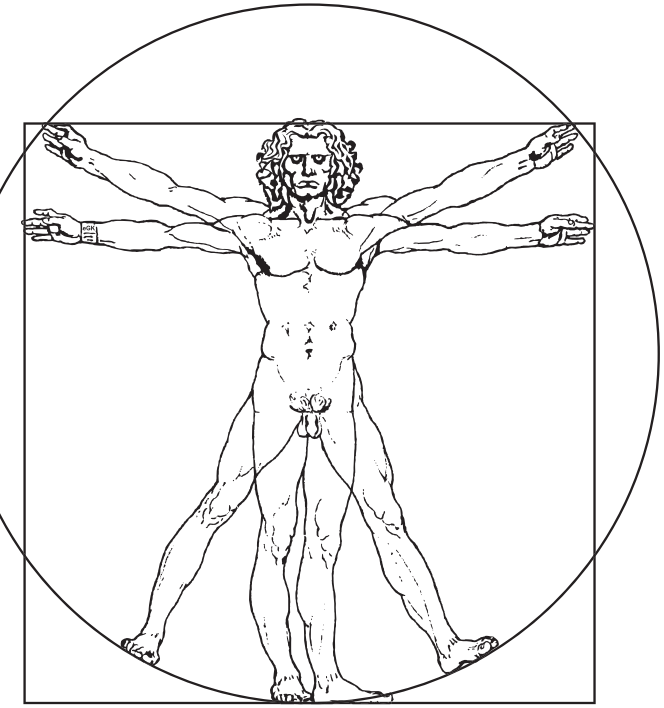

# Gesundheitskarte

**Privat**

**G 1**

Versicherung

Versichertennummer