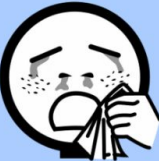
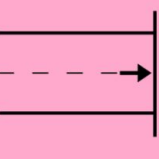
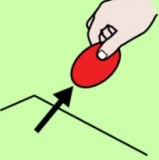
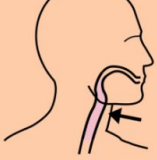
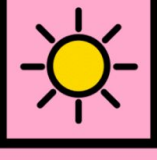


# À la pharmacie

|                                                                                                |                                                                                                       |                                                                                                     |                                                                                                   |                                                                                                        |                                                                                                                      |                                                                                                                         |                                                                                                  |
|------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|
| <br>JE        | <br>VEUX             | <br>PAYER          | <br>PHARMACIE   | <br>COMPRIMÉ        | <br>MAL                           | <br>PAS                              | <br>OUI       |
| <br>TU        | <br>AIMER            | <br>DEMANDER       | <br>PHARMACIEN  | <br>SIROP           | <br>ALLERGIQUE                    | <br>ENCORE                           | <br>NON       |
| <br>QUOI      | <br>ACHETER          | <br>EXPLIQUER      | <br>MÉDICAMENT  | <br>DOULEUR         | <br>EFFRAYÉ                       | <br>FINI                             | <br>ATTENDS   |
| <br>OÙ       | <br>PRENDRE         | <br>MONTRER       | <br>ORDONNANCE | <br>GORGE          | <br>BIEN                         | <br>AUTRE CHOSE                     | <br>AIDE-MOI |
| <br>COMBIEN | <br>JE NE SAIS PAS | <br>ÇA NE VA PAS | <br>MERCI     | <br>BONNE JOURNÉE | <br>J'AI BESOIN<br>D'UN CONSEIL | <br>J'AI BESOIN DE<br>MON OUTIL DE | <br>STOP    |