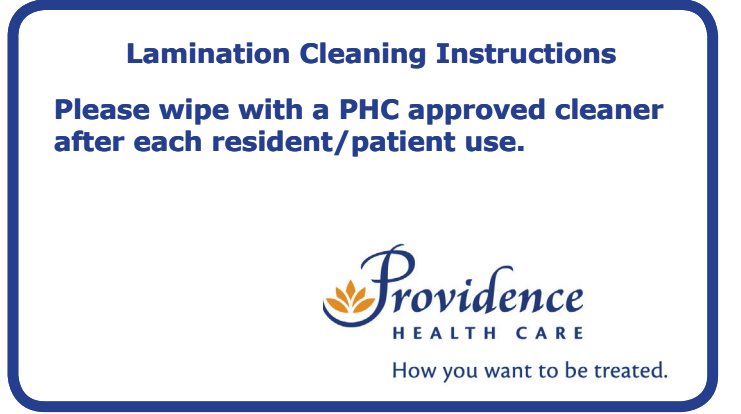
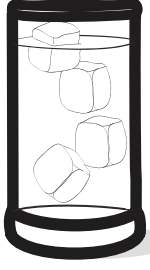


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هل يمكنني الحصول
على ماء بارد؟

May I have some
cold water?



هل يمكنني الحصول
على ماء دافئ؟

May I have some
warm water?

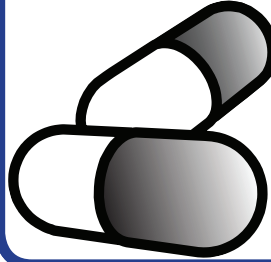
أنا جائع.

I am hungry



هل يمكنني الحصول
على دواء مسكّن؟

Can I have some
pain medication?



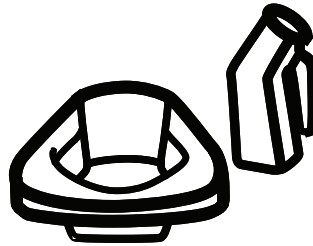
أحتاج إلى إستعمال
المرحاض.

I need to
use the toilet



أحتاج إلى وعاء البول
أو حوض
الفرش.

I need a
bedpan / urinal



أرغب في الإتصال
بأسرتي.

I would like to
call my family



RESIDENT/PATIENT COPY

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Providence
HEALTH CARE

How you want to be treated.

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Lamination Cleaning Instructions

Please wipe with a PHC approved cleaner
after each resident/patient use.

Providence
HEALTH CARE

How you want to be treated.

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PATIENT COPY
Form No. PHC-TCNF293AR (Aug-08)

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Providence
HEALTH CARE

How you want to be treated.

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