
Regarding what you see in the text, I have little experience, but I think you should be able to hover over any line and see the line number. "b.z.t.m.", looks like it is a small caps font, but the letters in the line above it look much larger. One of the hardest problems that face medical professionals is that of the delivery of just the right amount of fluid to a patient. Physicians, for example, are constantly faced with the challenge of measuring the correct amount of fluid for a patient, particularly in the case of intravenous fluids. If the correct amount of fluid is not delivered, the patient could receive more or less than the correct amount, which may lead to adverse physiological consequences for the patient. Attempts to solve the problem of appropriate fluid delivery have met with varying degrees of success. Traditional fluid delivery methods employ time-based or volume-based methods for delivering the fluid. As such, physicians must wait until the fluid is delivered to the patient before receiving

feedback about the delivery of the fluid to the patient. These types of approaches are typically inaccurate, since fluids are delivered and out of the patient at different speeds. Further, if the volume of fluid to be delivered is small, these methods are not feasible due to the amount of time required for delivery of the fluid. Hence, there is a need for an improved method and system for determining the appropriate amount of fluid to be delivered to a patient. Preferably, the new method and system would allow for accurate monitoring of the delivery of the fluid to the patient.

Relevance of investigating low-risk patients with uncomplicated urolithiasis to improve patient safety. To test the impact of a risk-management program based on metabolic profile analysis on management of lithiasis patients with a low risk for stones and a clinical stone diagnosis. The medical records of 407 lithiasis patients

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