

## I. DETALLE DE VISITA

UNIDAD HOSPITALARIA \_\_\_\_\_

FECHA DE INGRESO \_\_\_\_\_

DIAGNÓSTICO DE INGRESO \_\_\_\_\_

DG. PROTOCOLO OPERATORIO \_\_\_\_\_

HISTORIA CLÍNICA ANTERIOR No. \_\_\_\_\_ No. \_\_\_\_\_

DATOS IMPORTANTES

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RESOLUCIÓN

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NOTIFICADO A \_\_\_\_\_ HORA \_\_\_\_\_

FECHA \_\_\_\_\_ FIRMA \_\_\_\_\_

RESPONSABLE \_\_\_\_\_

DOCUMENTOS QUE SE ADJUNTAN

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