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| CENTRO\_SALUD | | | | | | | | |  | | | |  | | | | | | LOCALIDAD | | | | | | | |  | |
| Barrio | | Localidad | | | | | | | Responsable | | | | | |  | | | | Nombre | | | | CodPostal | | | | Concejal | |
|  | |  | | | | | | |  | | | |  | | | | | |  | | | |  | | | |  | |
| MEDICO | | | | | | | | |  | | | |  | | | | | |  | | TELEFONOS | | | | | | | |
| Codigo | Nombre | | | | | | Barrio | | | | Localidad | | | | | | |  | | | | Telefono | | | codMedico | | | | |
|  | |  | | | |  | | | | | |  | | | | |  | | | | | |  | | | |  | |
| TRABAJA | | | |  | |  | | | | | |  | | | | | ATIENDE | | | | | |  | | | |  | |
| CodMedico | | | Barrio | | | Localidad | | | | | |  | | | | | Localidad | | | | | | Barrio | | | LocCentro | | |
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| ASEGURADO | | | | |  |  | | | | | |  | | | |  | | | | | | |  | | | |  | |
| CodOsakidetza | | | Nombre | | | | | Ap1 | | Ap2 | | | | LocEmpad | | | | | | Medico | | | | Barrio | | | | LocCentro | | |