|  |  |  |
| --- | --- | --- |
| SESION | FECHA | FIRMA DEL AFILIADO |
| 1 |  |  |
| 2 |  |  |
| 3 |  |  |
| 4 |  |  |
| 5 |  |  |
| 6 |  |  |
| 7 |  |  |
| 8 |  |  |
| 9 |  |  |
| 10 |  |  |

CENTRO DE ATENCION INTERDISCIPLINARIA

**C.A.I**

Mendoza 119 – Morón (1708) Buenos Aires

|  |  |  |
| --- | --- | --- |
| SESION | FECHA | FIRMA DEL AFILIADO |
| 1 |  |  |
| 2 |  |  |
| 3 |  |  |
| 4 |  |  |
| 5 |  |  |
| 6 |  |  |
| 7 |  |  |
| 8 |  |  |
| 9 |  |  |
| 10 |  |  |

--------------------------

FIRMA PROFESIONAL

Mendoza 119 – Morón (1708) Buenos Aires

Tel: 6079-1423/cai.kinesiomail.com

CENTRO DE ATENCION INTERDISCIPLINARIA

**C.A.I**

--------------------------

FIRMA PROFESIONAL

Tel: 6079-1423/cai.kinesiomail.com

-------------------------------------------------------------------------------------------------------------------------------------------------------------