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| **CHECK-UP CONVENIO INSTITUCIONAL** | | | | |
| **PROCEDIMIENTO** | | **DR(A)/ENF. QUE REALIZA EL PROCEDIMIENTO** | **Fecha en que se realiza el estudio** | **Fecha programada para el estudio** |
|  | USG Mamario | ${UMDOC} | ${UMFR} | ${UMFP} |
|  | USG Pélvico | ${UPDOC} | ${UPFR} | ${UPFP} |
|  | Papanicolaou | ${PAPADOC} | ${PAPAFR} | ${PAPAFP} |
|  | Colposcopía | ${COLDOC} | ${COLFR} | ${COLFP} |
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