

# ELECTROFISIATRIA

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Documento: 11

Nombre: a

Entidad: a

Servicio: TERAPIA FISICA

Profesional: LUIS RODRIGO GIRALDO PAVA

Sesiones: 1

Lateral: No

Bilateral: Si

Cancela: SI

Facturador: LEYDI JOHANA LOAIZA TIQUE

Fecha de Registro: 2025-04-02 00:00:00

Sede: ELECTROFISIATRIA MORATO

A handwritten signature consisting of two vertical strokes followed by a horizontal curve.A handwritten signature consisting of a horizontal curve with two vertical strokes above it.