|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **NOMBRE DEL PACIENTE:** | | | | | **FECHA** | |
| Pamela Rivera | | | | | 2019-11-06 | |
| **DIAGNOSTICO** | | | | | | |
| esta muy mal | | | | | | |
|
|
| **ESPECIALIDAD** | |  |  |  |  |  |
| OTORRINOLARINGOLOGIA | | | | | | |
| **NOMBRE DE LA CIRUGIA** | | | | | | |
| OSTEOSINTESIS MIEMBRO INFERIOR (FEMUR,RODILLA,TOBILLO) INSTITUCIONAL PRIV. | | | | | | |
|  | | | | | | |
| **CIRUGIA URGENTE/ORDINARIO** |  | **EQUIPO MEDICO QUE PARTICIPARA** | | | | |
| Ordinario | | Anestesiólogo Instrumentista 1er ayudante Pediadra |  |  |  |  |
| **TIPO DE ANESTESIA** | |  | | | **ESTANCIA SUGERIDA EN DÍAS** | |
| Anesthesia | | 5 | |
| **EQUIPO ELECTROMÉDICO ADICIONAL SOLICITADO** | | | | | | |
| el necesario | | | | | | |
|
| **OBSERVACIONES** | | | | | | |
| kdasdksa sdaslkdlasd asdaskdlaskda sdlaskdlas7 lsdlask asdklakdlkaldklasd sdlasñdlañsldñad asdlañsld lasdñlakdlka daskdaslkdkas asdlkasñldkas | | | | | | |
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Dr Simi  
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Cersar Rivera