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| --- | --- | --- | --- | --- | --- | --- |
| **NOMBRE DEL PACIENTE:** | | | | | **FECHA** | |
| Vanessa Flores | | | | | 2019-11-06 | |
| **DIAGNOSTICO** | | | | | | |
| varios | | | | | | |
|
|
| **ESPECIALIDAD** | |  |  |  |  |  |
| GINECOLOGIA Y OBSTETRICA | | | | | | |
| **NOMBRE DE LA CIRUGIA** | | | | | | |
| COLPOPLASTIA INSTITUCIONAL SEMI. | | | | | | |
|  | | | | | | |
| **CIRUGIA URGENTE/ORDINARIO** |  | **EQUIPO MEDICO QUE PARTICIPARA** | | | | |
| Ordinario | | - Anestesiólogo - Cirujano - Instrumentista - 1er ayudante - 2do ayudante |  |  |  |  |
| **TIPO DE ANESTESIA** | |  | | | **ESTANCIA SUGERIDA EN DÍAS** | |
| Anesthesia | | 2 | |
| **EQUIPO ELECTROMÉDICO ADICIONAL SOLICITADO** | | | | | | |
| el nbecesario | | | | | | |
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| **OBSERVACIONES** | | | | | | |
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Dr Felipe Figueroa  
8475426895

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Robert Sosa