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| --- | --- | --- | --- | --- | --- | --- |
| **NOMBRE DEL PACIENTE:** | | | | | **FECHA** | |
| patient | | | | | date | |
| **DIAGNOSTICO** | | | | | | |
| diacnostic | | | | | | |
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|
| **ESPECIALIDAD** | |  |  |  |  |  |
| department | | | | | | |
| **NOMBRE DE LA CIRUGIA** | | | | | | |
| surgery | | | | | | |
|  | | | | | | |
| **CIRUGIA URGENTE/ORDINARIO** |  | **EQUIPO MEDICO QUE PARTICIPARA** | | | | |
| tipe | | team |  |  |  |  |
| **TIPO DE ANESTESIA** | |  | | | **ESTANCIA SUGERIDA EN DÍAS** | |
| anesthesia | | time | |
| **EQUIPO ELECTROMÉDICO ADICIONAL SOLICITADO** | | | | | | |
| equipement | | | | | | |
|
| **OBSERVACIONES** | | | | | | |
| note | | | | | | |
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solicitante  
Admisión Hospitalaria