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| PACIENTE: |  | | | DOC. ID: | CC - |
| FECHA TRIAGE: |  | HORA TRIAGE: |  | EMPRESA: |  |

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| MOTIVO CONSULTA: |  |

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| T. A: |  | PULSO: |  | F. RESPIRATORIA: |  | T°: |  | PESO: |  | TALLA: |  |
| TRIAGE: | NIVEL | GLASGOW: |  | ESCALA DEL DOLOR: |  | PC: |  | SPO2: |  | | |

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| OBSERVACION: |  |

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| Dr(a). | | |
| REGISTRO NO. |  | Esp. GENERAL |