|  |  |
| --- | --- |
|  | **DIAGNÓSTICO** |

|  |
| --- |
|  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | |  | | |  |  |  |  |  |  |  |  |  |  | | | |  | | | | | | | |  |  |  |  |  |  |  |  |  |
| |  | | --- | | FECHA DE EMISIÓN: | | | | | | | | | | | | | 12-05-2025 | | | | | | | | | | | | | | |  |  |  |  | | | | |  |
| |  | | --- | |  | | | | | | |  | | | | | | |  |  |  | | | |  | | | | | | | |  |  |  |  |
|  | | |  | | |  |  |  |  |  |  |  |  |  |  | | | |  | | | | | | | |  |  |  |  |
|  | | |  | | |  |  |  |  |  |  |  |  |  |  | | | |  | | | | | | | |  |  |  |  |  |  |  |  |  |
|  | | |  | | |  |  |  | |  | | --- | | **DIAGNÓSTICO PROGRAMA RECUPERACIÓN DENTAL JUBILADOS** | | | | | | | | | | | | | | | | | | | | | | |  |  |  |  |  |
|  | | |  | | |  |  |  |  |  |  |  |  |  |  | | | |  | | | | | | | |  |  |  |  |  |  |  |  |  |
| NOMBRE | | | | | | Carlos Humberto Perez Vargas | | | | | | | | | | | | | | | | | | | | |  | ID: | 10213 | | | | |  |  |
| RUT | | | | | | 7.583.393-8 | | | | | | | | | | | | | | | | | | | | |  |  |  | | | | |  |  |
| EDAD | | | | | | 67 | | | | | | | | | | | | | | | | | | | | |  |  |  | | | | |  |  |
| F. NAC. | | | | | | 07-03-1958 | | | | | | | | | | | | | | | | | | | | |  |  |  | | | | |  |  |
|  | | |  | | |  |  |  |  |  |  |  |  |  |  | | | |  | | | | | | | |  |  |  |  |  |  |  |  |  |
| |  | | --- | | Estimado/a: Usted es beneficiario/a del Programa de Recuperación Dental para ex trabajadores de Empresas Socias de la Cámara Chilena de la Construcción.  Esta etapa del programa social considera las siguientes prestaciones, sin costo:   * RADIOGRAFÍAS * DIAGNÓSTICO | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | |
|  |  | | |  |  | | | | | | | | | | |  |  |  | |  |  |  |  |  |  |
|  | | | |  |  |  | | --- | --- | --- | | COMUNA | PRESTADOR | DIRECCIÓN | | SANTIAGO | REDSALUD MANUEL MONTT | AVENIDA PROVIDENCIA #1346, PROVIDENCIA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | | |  | | |  |  |  |  |  |  |  |  |  |  | | | |  | | | | | | | |  |  |  |  |  |  |  |  |  |
| |  | | --- | | AL MOMENTO DE LA ATENCIÓN, DEBE PRESENTAR SU CÉDULA DE IDENTIDAD. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | | |  | | |  |  |  |  |  |  |  |  |  |  | | | |  | | | | | | | |  |  |  |  |  |  |  |  |  |
| |  | | --- | | **\*Esta carta es personal e intransferible. Está estrictamente prohibido ceder a otra persona.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |  |  |

**Nicolás Sanhueza.**

**Subgerente Programas de Salud.**

**Fundación Cámara Chilena de la Construcción.**