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 |  |  |  | |  | | |  | | |  |  |  | |  | | --- | | **DIAGNÓSTICO RECUPERACIÓN DENTAL JUBILADOS** | | | | | | | | | | | | | | | | | | | | | | |  |  |  |  |  | |  | | |  | | |  |  |  |  |  |  |  |  |  |  | | | |  | | | | | | | |  |  |  |  |  |  |  |  |  | | |  | | --- | | NOMBRE: | | FECHA NAC: | | | | | | | |  | | --- | | NombreTemplate |   FechaNacTemplate | | | | | | | | | | | | | | | | | | | | |  | |  | | --- | | ID: | | |  | | --- | | IdTemplate | | | | | |  |  | | EDAD | | | | | | EdadTemplate | | | | | | | | | | | | | | | | | | | | |  |  |  | | | | |  |  | | |  | | --- | | RUT: | | | | | | | |  | | --- | | RutTemplate | | | | | | | | | | | | | |  | | | | | | | |  |  |  |  |  |  |  |  |  | |  | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |  |  | |  | | |  | | |  |  |  |  |  |  |  |  |  |  | | | |  | | | | | | | |  |  |  |  |  |  |  |  |  | | |  | | --- | | Estimado/a: Usted es beneficiario/a del Programa de Recuperación Dental para ex trabajadores de Empresas Socias de la Cámara Chilena de la Construcción.  Este programa social considera las siguientes prestaciones, a un costo de $9.990:   * 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**  AIorK4z28tIkkx8Jnn1U-nkwj15zj5Byy69JBUK4ffsKk3iYFVl3P7ybPM7MmmtPJkSw_rWaGVRBxnvpjqJP | |  |