*		REG	GISTF	RO DE A	ACTIVII	DADES I	DE ENFI	RMERIA	N°1	DIRECCIÓN MÉDICA ENFERMERÍA
1. DATOS DE APELLIDOS		CACION GO SALAZAR					OMBRES: PRA DANI	ELA		H. CLIFFICA HABITACION CAMA 36554 325/Z
2. CONTROL	DE SIGNO	S VITALES			**********	***************************************	***********	***************************************	****************	***************************************
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DIRECCIÓN MÉDICA ENFERMERÍA

1. DATOS DE IDENTIFICACION

APELLIDOS NOMBRES: Nº H. CLINICA HABITACIÓN CAMA
HIDALGO SALAZAR SANDRA DANIELA 236.554 325-Z

2. CONTROL DE SIGNOS VITALES

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DIRECCIÓN MEDICA ENFERMERÍA

1. DATOS DE IDENTIFICACION

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DIRECCIÓN MÉDICA ENFERMERÍA

1. DATOS DE IDENTIFICACION

APELLIDOS NOMBRES: Nº H. CLÍNICA HABITACIÓN CAMA
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DIRECCIÓN MÉDICA ENFERMERÍA

1. DATOS DE IDENTIFICACION

APELLIDOS NOMBRES: Nº H. CLÍNICA HABITACIÓN CAMA
HIDALGO SALAZAR SANDRA DANIELA 236.554 325 Z

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DIRECCIÓN MÉDICA ENFERMERÍA

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DIRECCIÓN MÉDICA ENFERMERÍA

1.	DA	TO:	S DE	IDENT	FICA	CION

APELLIDOS NOMBRES: N° H. CLÍNICA HABITACIÓN CAMA
HIDALGO SALAZAR SANDRA DANIELA 236.554 321/Z

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1. DATOS DE IDENTIFICACION												
APELLIDOS ₈				NOMBRES:					N° H. CLÍNICA HABITACIÓN CAMA			
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2. CONTROL DE SIGNOS VITALES												
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