



**Sede Huaura:**  
Lunes a Domingo  
8:00 a.m. - 8:00 p.m.  
Av. San Martín N° 392  
Cel.: 997 670 532

**Sede Medio Mundo:**  
Lunes a Domingo  
8:00 a.m. - 6:00 p.m.  
Av. Ezequiel Gago Mz. H Lt. 19B  
Cel.: 992 982 658

Nombres y Apellidos:

USUARIO:  
Particular  
EPS  
SOAT  
Otros \_\_\_\_\_  
Convenio

ATENCIÓN:

Consulta externa  
Emergencia  
Hospitalización  
Otros \_\_\_\_\_  
Nº de cama \_\_\_\_\_

Concentración

Forma Farmacéutica

Cantidad

Edad: \_\_\_\_\_  
HCL:

Dx.:

(CIE-10):

Medicamento o Insumo

Rp.

Alejo Hacienda # 107

Gantexim 100 mg

abmjo

## INDICACIONES

Nombres y Apellidos: \_\_\_\_\_

Medicamento o Insumo	Dosis	Vía	Frecuencia
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Fecha de Atención

Sello / Firma / Col. Profesional

Fecha de Control

**NO PERMITAS QUE CAMBIEN TU RECETA**

23/12/15



Nombres y Apellidos:

USUARIO  
Particular  
EPS  
SOAT  
Otros \_\_\_\_\_  
Convenio  
  
  
ATENCIÓN:  
Consulta externa  
Emergencia  
Hospitalización  
Otros \_\_\_\_\_  
Nº de cama \_\_\_\_\_HCL     Edad: 

Dx.:

(CIE-10) Medicamento o Insumo  
Rp.

Concentración

Forma  
Farmacéutica

Cantidad

- Aspirina 600 mg
- Acetaminofén 500 mg
- Ciprofloxacin 500 mg

Fecha de Atención

Sello / Firma / Col. Profesional

Fecha de Control

NO PERMITAS QUE CAMBIEN TU RECETA

## INDICACIONES

Nombres y Apellidos:

Medicamento o Insumo      Dosis      Vía      Frecuencia

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