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|  |  |  |  |  |  |  |  |  | **DEPARTAMENTO DE MEDICINA GENERAL** | | | | | | | | | | | | | | | |  |  |  |
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|  |  |  |  |  |  |  |  |  | **Fecha de consulta:** | | | | | | |  |  |  |  | *23/09/2021* | | | | |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  | **DATOS GENERALES DEL MEDICO** | | | | | | | | | | | | | | | | | | | | |  |  |
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|  |  |  | **Cédula:** | | |  | *1206774604* | | | | | | |  | **Nombre del medico:** | | | | | | |  |  | *JEANS CARLOSS ALMEIDAS MURILLOS* | | |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  | **Teléfono:** | | |  | *0989876781* | | | | | | |  | **Email:** | | | | | | |  |  | *jeans@gmail.com* | | |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  | **DATOS GENERALES DEL PACIENTE** | | | | | | | | | | | | | | | | | | | | |  |  |
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|  |  |  | **Cédula:** | | |  |  | *1206774603* | | | | | |  | **Nombre del paciente:** | | | | | | | |  | *LESLIE ALEXANDERS SINCHIGUANOS* | | |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  | **Teléfono:** | | |  | *0989877887* | | | | | | |  | **Email:** | | | | | | | |  | *leslies@gmail.com* | | |  |
|  |  |  |  |  | **RECETA MEDICA** | | | | | | | | | | | | | | | | | | | | |  |  |
|  |  |  |  |  | **MEDICAMENTOS** | | | | |  |  |  |  |  |  |  |  |  |  |  | **INDICACIONES** | | | | |  |  |
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|  |  |  |  | PARACETAMOL | | | | | | | |  |  |  |  |  |  |  | *1 CADA 8 HORAS* | | | | | | | |  |
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|  |  |  |  | DIGERIL | | | | | | | |  |  |  |  |  |  |  | *SOLO SI DUELE EL ESTOMAGO Y TOMAR UNA SOLA VEZ* | | | | | | | |  |
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|  |  |  |  |  |  |  |  |  |  |  | *JEANS CARLOSS ALMEIDAS MURILLOS* | | | | | | | | | | | | |  |  |