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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 | | |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  |  |  |  |  | **DATOS GENERALES DEL PACIENTE** | | | | | | | | | | | | | | | | | | | | | |  |  |
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|  |  |  | **Cédula:** | | |  |  | 1206774603 | | | | | | | | |  | **Nombre del paciente** | | | | | |  | LESLIE ALEXANDERS SINCHIGUANOS SALTOSS | | |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  | **Teléfono:** | | |  | 0989877887 | | | | | | | | | |  | **Email:** | | | | | |  | leslies@gmail.com | | |  |
|  |  |  |  |  | **RECETA MEDICA** | | | | | | | | | | | | | | | | | | | | | |  |  |
|  |  |  |  |  | **MEDICAMENTOS** | | | | | | |  |  |  |  |  |  |  |  |  |  | **INDICACIONES** | | | | |  |  |
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