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|  |  |  |  |  |  |  |  | **GOBIERNO AUTÓNOMO DESCENTRALIZADO DE QUEVEDO** | | | | | | | | | | | | | | | | | |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  | **DEPARTAMENTO DE MEDICINA GENERAL** | | | | | | | | | | | | | |  |  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |  |  |  |  | **DATOS GENERALES DEL MEDICO** | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |
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|  |  |  | **Cedula:** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  | *1206774604* | | | | | | | | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |
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|  |  |  | **Nombres:** |  | *ALMEIDAS MURILLOS* | | | | | | | *JEANS CARLOSS* | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |
|  |  |  | **Teléfono:** |  | *0989876781* | | | | | | | | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |  |  | **PACIENTES ATENDIDOS** | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  | **IDENTIFICADOR** | | | | **APELLIDOS** | | | | | | **NOMBRES** | | | **DISCAPACIDAD** | | | | **AYUDA** | | | | **FECHA DE CONSULTA** | | | | **MOTIVO DE CONSULTA** | | |  |  |
|  |  | *1206774603* | | | | *ALMEIDAS MURILLOS* | | | | | | *JEANS CARLOSS* | | | *FS* | | | | *No* | | | | *2021-09-21* | | | | *EDDE* | | |  |  |
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|  |  | *1206774603* | | | | *ALMEIDAS MURILLOS* | | | | | | *JEANS CARLOSS* | | | *FS* | | | | *No* | | | | *2021-09-11* | | | | *FEEF* | | |  |  |
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|  |  | *1206774603* | | | | *ALMEIDAS MURILLOS* | | | | | | *JEANS CARLOSS* | | | *FS* | | | | *No* | | | | *2021-09-22* | | | | *EFEF* | | |  |  |
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|  | *Documento generado el* | | | | | | *jueves 23 septiembre 2021* | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Page 1 of | 1 | |  |