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|  |  | Responsabilidades Farmacia | | | | | | | | | | | | | | |  |
| Responsable Sanitario | | | Dra. María de la Merced Velázquez Quintana | | | | | Cédula | | | 1312772 | | No. de Responsable | | | ARM-0021-2014 | |
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| **Nombre del Farmacista** | | | | **Actividades que se delegan** | **Firma del Farmacista** | | **Fecha de firma**  dd-mmm-aaaa | | | **Firma del**  **Responsable Sanitario** | | | | **Fecha de firma**  dd-mmm-aaaa | **Fecha de inicio**  dd-mmm-aaaa | | **Fecha de fin**  dd-mmm-aaaa |
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| 1. Integrar la Carpeta de Control de Farmacia  2. Verificar el cumplimiento normativo  3. Realizar el control diario de temperatura | | | | | | | | | 4. Recibir, controlar y dispensar el producto  5. Realizar auditorías  6. Atender visitas de verificación | | | | | | | | |