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| **INSTITUCION** | | | | **AREA MEDICA** | | | | | | | | | | | | | **LOCALIZACION** | | | | | | | | **HISTORIA CLÍNICA** | | | |
|  | | | | |  | | | | | | | | | | | | PARROQUIA | | | | CANTÓN | | PROVINCIA | |
|  | | | |  | |  | |  | | | |
| APELLIDO PATERNO | | | APELLIDO MATERNO | | | | | |  |  |  | | PRIMER NOMBRE | | | | | | | SEGUNDO NOMBRE | | | | | CÉDULA DE CIUDADANIA | | | |
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| FECHA DE REFERENCIA | HORA | | EDAD | | | GENERO | | ESTADO CIVIL | | | | | | INSTRUCCIÓN | | | | | | | | EMPRESA DONDE TRABAJA | | | SEGURO DE SALUD | | | |
| M | F | S | C | D | V | UL | | SIN | BAS | BACH | | SUP | | ESP | |
|  |  | |  | | |  |  |  |  |  |  |  | |  |  |  | |  | |  | |  | | |  | | | |
| ESTABLECIMIENTO AL QUE SE HACE LA REFERENCIA | |  | | | | | | | | SERVICIO QUE REFIERE | | | | | | | |  | | | | | |  | |  |  |  |

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| **1 MOTIVO DE REFERENCIA** |
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| **2 RESUMEN DEL CUADRO CLINICO** |
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| **3 HALLAZGOS RELEVANTES DE EXAMENES Y PROCEDIMIENTOS DIAGNOSTICOS** |
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| **4 TRATAMIENTO REALIZADO** |
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| **5 DIAGNOSTICOS PRESUNTIVOS Y DEFINITIVOS** |
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**Elaborado y aprobado por: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**MÉDICO DEPARTAMENTO BIENESTAR ESTUDIANTIL**