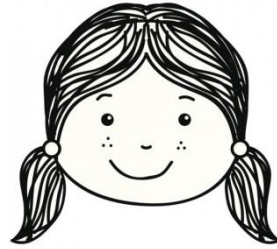
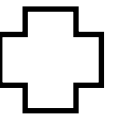
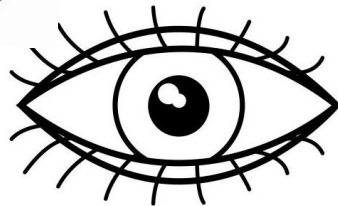
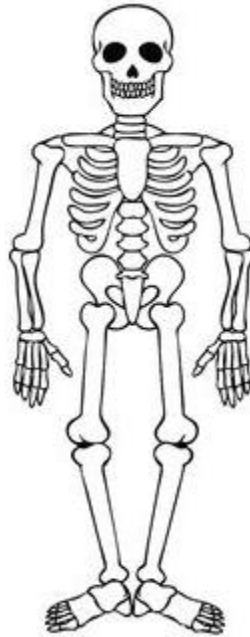
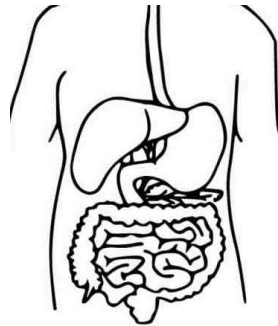
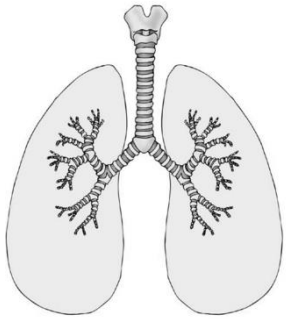


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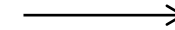


¿QUÉ LE DUELE?

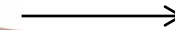


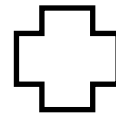
NOMBRE DEL PACIENTE:

TEMPERATURA:



TENSIÓN:





¿ES LA PRIMERA VEZ QUE LE DUELE?

SI

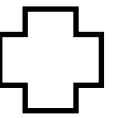
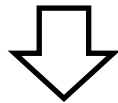
NO

ALERGIAS:

EDAD:

AÑOS

DERIVACION AL SERVICIO:



EXPLORACIÓN FÍSICA:

DIAGNÓSTICO:

TRATAMIENTO:

OBSERVACIONES: