**MEDICAMENTOS DE USO CRÓNICO – ALTA Y ACTUALIZACIÓN.**

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| DATOS DEL BENEFICIARIO  |

Apellido y Nombre: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DNI: \_\_\_\_\_\_\_\_\_\_\_\_\_

Nro. Beneficiario: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sexo: \_\_\_\_\_\_\_\_\_\_\_\_ Edad: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Teléfono Celular: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **DIAGNÓSTICOS** |

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Año: \_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Año: \_\_\_\_\_\_\_\_\_\_\_\_\_

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| MEDICACIÓN DE USO CRÓNICO |

Monodroga Mg(etc.)/compr. Compr./día Compr./mes

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| **HISTORIA CLÍNICA - COMORBILIDADES** |

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| DATOS DEL PROFESIONAL  |

Apellido y Nombre: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Matrícula: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Teléfono contacto: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FECHA FIRMA Y SELLO DEL PROFESIONAL

IMPORTANTE: los datos consignados en esta planilla constituyen una DECLARACIÓN JURADA.