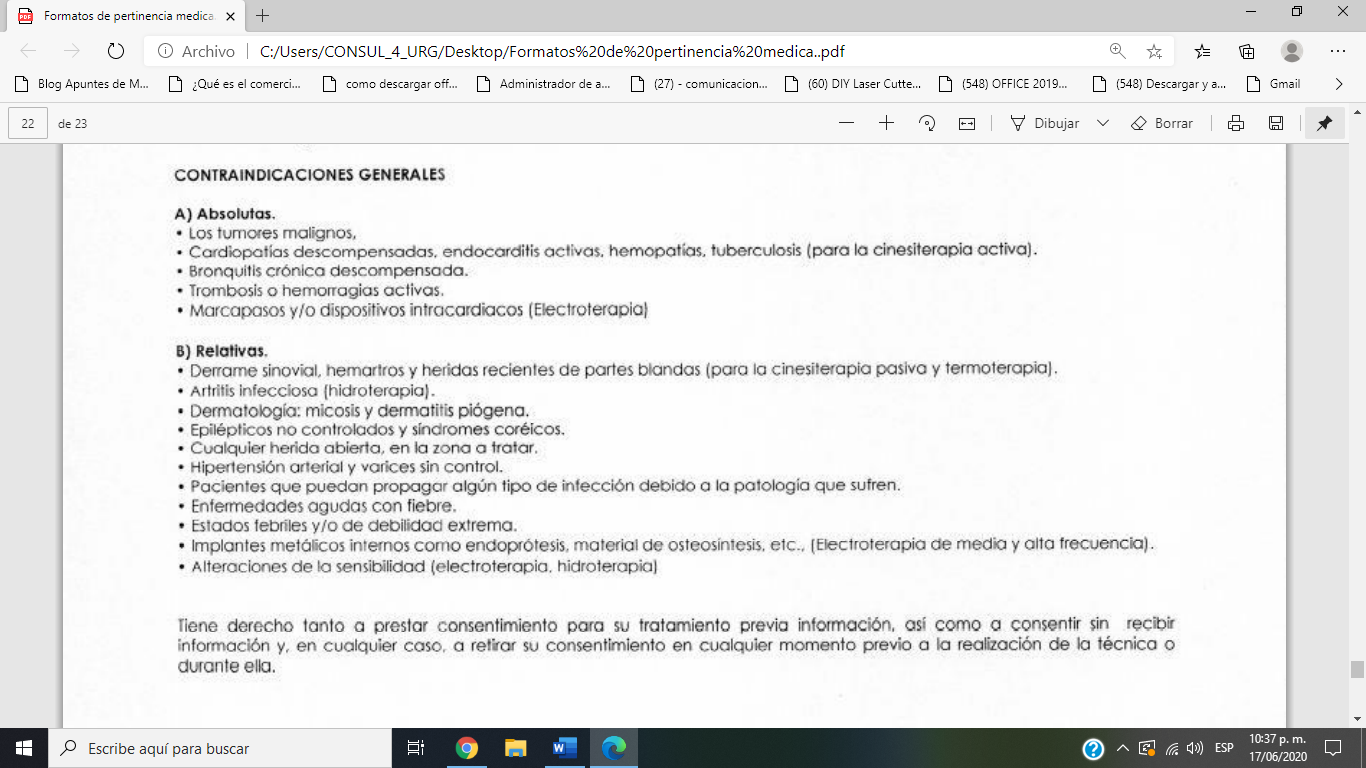
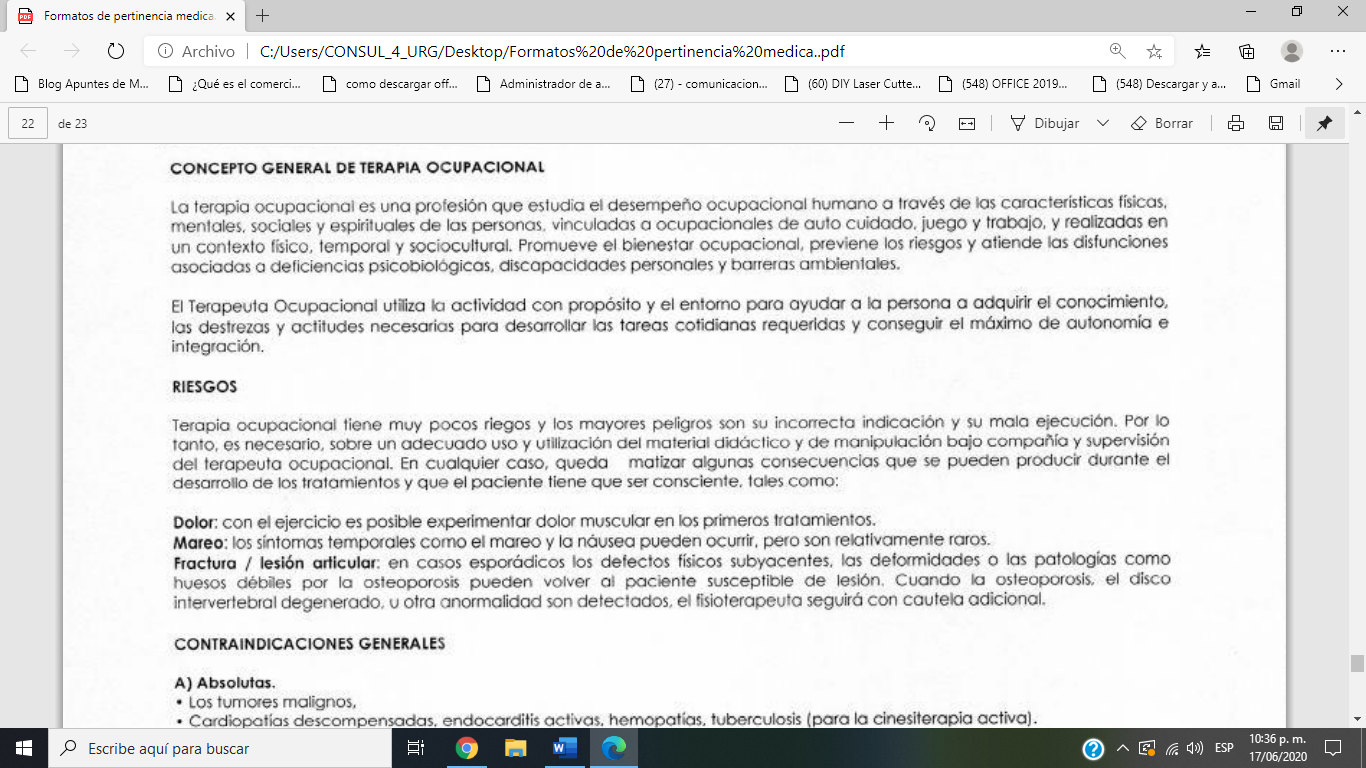
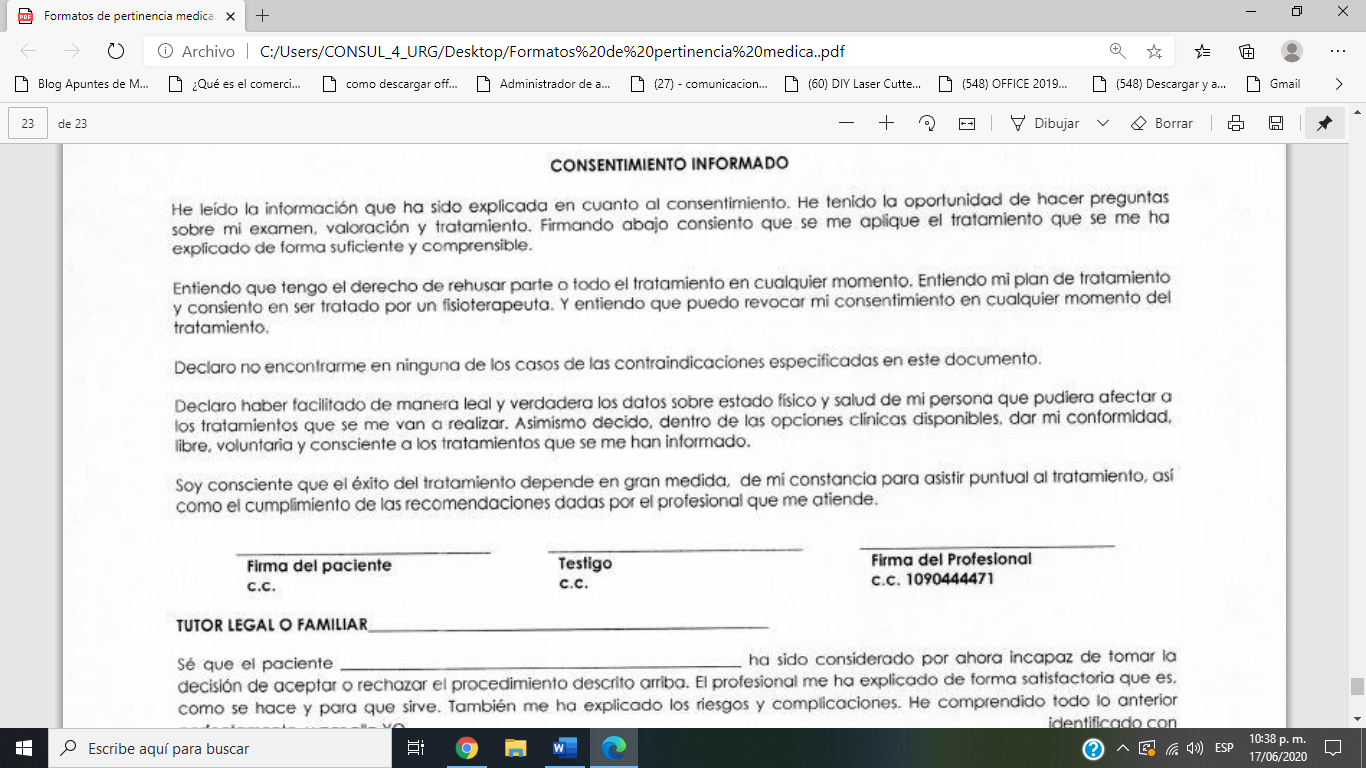
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **IDENTIFICACION DEL PACIENTE** | | | | | | | | | **FECHA** | |  | |  | |  | |
| **Nombres:** | | |  | | | | | | **Apellidos:** | |  | | | | | |
| **Tipo de identificación** | | | | | | | **Número de identificación** | | | **Edad** | | | **Sexo** | | | |
| **RC** | **TI** | **CC** | | **CE** | | **OTRO** |  | | |  | **Meses** | | **Fem** |  | **Mas** |  |
| **Año** | |
| **Procedimiento** | | | | | **Servicio de terapia ocupacional** | | | **Profesional tratante** | | | |  | | | | |

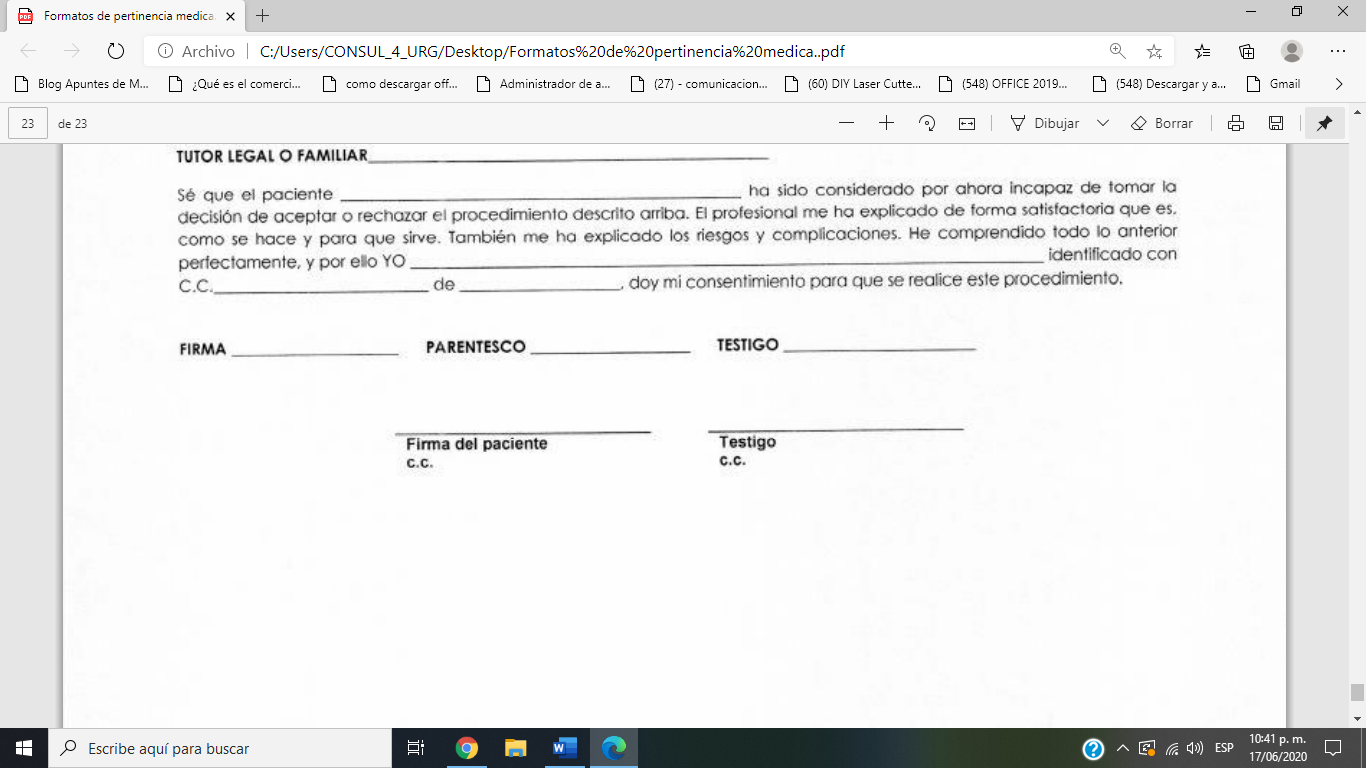




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Firma del paciente Testigo Firma del profesional

c.c. c.c. c.c.



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Firma del paciente parentesco Testigo

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Firma del paciente Testigo

c.c. c.c.