MES / AÑO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SEDE DE ATENCION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **DESCRIPCIÓN DEL MEDICAMENTO** | **CANTIDAD** | **LOTE** | **FECHA DE VENCIMIENTO** | **PRESENTACIÓN** | **REGISTRO INVIMA** | **SEMAFORIZACIÓN** |
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