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| Fecha | dd | mm | aa | No. Historia |  | Edad |  | Hoja No. |  |
|  |  |  |
| Primer Apellido | Segundo Apellido | Nombres | Código | Celular |
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 **ÁREA DE FISIOTERAPIA**

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| **DIAGNÓSTICO**  |
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| **MOTIVO DE CONSULTA**  |
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| **VALORACIÓN**  |
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| **PLAN DE MANEJO**  |
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| **EVOLUCION FISIOTERAPEUTICA** |
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