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| Fecha | dd | mm | aa | No. Historia |  | Edad |  | Hoja No. | |  |
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| 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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