**RESPONSABLE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **MES:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **DIA** | **URGENCIAS** | **HOSPITALIZACIÓN Y SALA DE PARTOS** | **IMAGENOLOGIA** | **CONSULTA EXTERNA** | **P Y P** | **ODONTOLOGIA** | **TAB** |
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| **Total** |  |  |  |  |  |  |  |