|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **CONTROL** | **FECHA** | **NOMBRE** | **DOCUMENTO** | **DX** | **MEDICO** | **AUXILIAR** | **FIRMA PACIENTE** |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
|  | **CONTROL INSTRUMENTAL EN PACIENTES** | **Código: M-GI-002** |
| **Versión: 02** |
| **Página 2 de 3**  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| CONTROL | FECHA | NOMBRE | DOCUMENTO | DX | MEDICO | AUXILIAR | FIRMA |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |