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| **HISTORIA CLINICA N°:** | **PACIENTE:** | **PROPIETARIO:** |

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| **FECHA** | **HORA** | **MM** | **TLLC** | **F.R.** | **F.C.** | **T°** | **MOTILID** | **PUL.DIG.** | **DOLOR** | **DIST. ABD** | **REFLUJO** | **FLUIDOS** | **ORINA** | **HECES** | **MEDICACION** | **OBSERVACIONES** |
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| **FECHA** | **HORA** | **MM** | **TLLC** | **F.R.** | **F.C.** | **T°** | **MOTILID** | **PUL.DIG.** | **DOLOR** | **DIST. ABD** | **REFLUJO** | **FLUIDOS** | **ORINA** | **HECES** | **MEDICACION** | **OBSERVACIONES** |
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