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| **No.** | **NOMBRE COMPLETO DEL PACIENTE** | **NÚM. DE REGISTRO**  **(INCLUYENDO AÑO)** | **TIPO DE DOCUMENTO Y CANTIDAD DE HOJAS ENVIADAS** | | | | | | | | | | | | | | | | | |
| **\*DOCUMENTOS RECABADOS POR TRABAJO SOCIAL** | | | | | | | | **\*\*OTROS DOCUMENTOS** | | | | | | | | | |
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