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| TERAPISTA: | Lic. TCH | | | | Cubículo |  |
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| SERVICIO DE ADSCRIPCIÓN: | | ***TERAPIA DE*** | | MES QUE SE REPORTA: | | ***2019*** |

#### ALTAS

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| **NO. EXPEDIENTE** | **NOMBRE DEL PACIENTE** | **EDAD** | **DIAGNÓSTICO** | NIVELSOC. ECON. | FECHA DE MOVIMIENTO |
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#### BAJAS

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| **NO. EXPEDIENTE** | **NOMBRE DEL PACIENTE** | **EDAD** | **DIAGNÓSTICO** | NIVELSOC. ECON. | FECHA DE MOVIMIENTO |
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#### CAMBIOS DE TERAPISTA

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| **NO. EXPEDIENTE** | **NOMBRE DEL PACIENTE** | **EDAD** | **DIAGNÓSTICO** | LIC CON QUIEN PASA | FECHA DE MOVIMIENTO |
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#### NUEVOS INGRESOS A TERAPIA REGULAR

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| **NO. EXPEDIENTE** | **NOMBRE DEL PACIENTE** | **EDAD** | **DIAGNÓSTICO** | PROXIMAREVALORACIÓN | FECHA DE MOVIMIENTO |
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#### NUEVOS INGRESOS A PROGRAMA A CASA

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| **NO. EXPEDIENTE** | **NOMBRE DEL PACIENTE** | **EDAD** | **DIAGNÓSTICO** | PROXIMAREVALORACIÓN | FECHA DE MOVIMIENTO |
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#### HORARIOS DISPONIBLES

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| **DIA Y HORA** | PACIENTE SOLICITADO | **EDAD** | **DIAGNÓSTICO** |
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