

**DIRECCION QUIRÚRGICA**

**DIVISIÓN DE HOSPITALIZACIÓN**

**SERVICIO DE DIETOLOGIA**

**CEDULA DE SUPERVISIÓN DE TIPO DE DIETA EN PISO**

**FECHA**: / /

PISO: DIA MES AÑO

**SERVICIO**: HORA DE SUPERVISIÓN DEL DIETISTA:

**DESAYUNO**  **COMIDA** **CENA**

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| TIPO DE DIETA | **PRESENTACIÓN** | | **CANTIDAD** | | **TEMPERATURA** | | OBSERVACIONES |
| **B** | **M** | **S** | **I** | **A** | **I** |
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DIETISTA SUPERVISA

NOMBRE Y FIRMA

HORA DE ENTREGA DE DIETAS AL PISO POR COCINA: