**CÉDULA DE EGRESO DE ALOINJERTO DE PIEL**

**Folio: CENIAQ-000-0000**

**1.- INFORMACIÓN CLÍNICA DEL PACIENTE.**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| FECHA DE PROGRAMACIÓN de cirugÍa: | | | |  | | | **/** |  | | | | | **/** |  | | | | | |
| NÚMERO DE LÁMINAS ENTREGADAS: | |  | | | | | | | | | | | | | | | | | |
| DIMENsIÓN APROXIMADA DE LÁMINAS REQUERIDAS EN cm2 DE PIEL: | | | | | | | | | | | | | | | |  | | | **cm2** |
| FECHA Y HORA DE LIBERACIÓN: |  | | / | |  | | | | / |  | |  | | | : | |  | **Hs** | |
| **OBSERVACIONES:** | | | | | | | | | | | | | | | | | | | |
| SE ENVÍA: **UN CONTENEDOR CON UN TOTAL DE** | | | | | | **\_\_\_\_\_\_** | | | | | **LÁMINAS DE PIEL DE LOS FOLIOS**: | | | | | | | | |
| BPYT-HSKA- - : cm2  BPYT-HSKA- - : cm2  **DEL GRUPO SANGUINEO “ ( )”**  **EN TOTAL: cm2**  tejido descongelado a 37º C y lavado en solución salina y antibióticos. | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |

**2.- DaTos GENERALES DEL RECEPTOR**.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| NOMBRE: | |  | | | | | | | | | | | | | | | |
| EDAD**:** |  | | **AÑOS** | | | | SEXO: |  | | F. NACIMIENTO: |  | | **/** |  | **/** | |  | |
| NUMERO DE FOLIO O EXPEDIENTE: | | | | | | | | | **N – /** | | | | | | | | |
| NUMERO CAMA: | | | |  | | | | | | | | | | | | | |
| MEDICO SOLICITANTE: | | | | |  | | | | | | | CED. PROF. | | | |  | |
| MEDICO RESPONSABLE: | | | | | |  | | | | | | CED. PROF. | | | |  | |
| JEFE DE LA UNIDAD DE QUEMADOS: | | | | | | | | |  | | | CED. PROF. | | | |  | |

**QUIRÓFANO CENIAQ**

**RECIBIÓ**

**BANCO DE PIEL Y TEJIDOS**

**ENTREGÓ**

**DR. FRANCISCO MARTÍNEZ-F**

**JEFE DEL BANCO DE PIEL Y TEJIDOS**

**AUTORIZÓ**