**Lugar: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Profesional que Realiza la Atención: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fecha: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **Hora** | **Tipo Documento** | **# Identificación** | **Nombres y Apellidos** | **EAPB** | **Tipo de Consulta** | **Asistió** |
| **Primera Vez** | **Control** | **SI** | **NO** |
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