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| 1. **Identificación:** | |  | | | |  |  |  |  |
| Nombre Establecimiento | |  | | | | | | | |
| Rut Establecimiento | |  | | | | | | | |
| DT | |  | | | | | | | |
| Dirección | |  | | | | | | | |
| Comuna | |  | | | | | | | |
| Fecha | |  | | | | | | | |
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| 1. **Informe Guías de controlados:** | | | |
| Guías de controlados (total) N° | | |  |
|  | | |  |
| N° de Guía | Proveedor | | Fecha | |
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| **III. Informe RCh** |  |  |  |
|  |  |  |  |
| N ° Total de despachos (mensual) |  |  |  |
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| Nombre de Medicamento | Cantidad total despachada (cajas) del mes |  |  |
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**IV. Desglose por Medicamento:**

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| **PRODUCTO** |  |
| **REGISTRO ISP** |  |
| **SALDO ANTERIOR** |  |
| **CANTIDAD RECIBIDA** |  |
| **CANTIDAD DESPACHADA** |  |
| **SALDO** |  |

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| **N° CHEQUE** | **CANTIDAD** | **FECHA DESP.** | **NOMBRE PACIENTE** | **RUT**  **PCTE** | **NOMBRE MEDICO** | **RUT MEDICO** |
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