

***REGISTRO DE ASISTENCIA***

***CLINICA DE ATENCION PRIMARIA II 2024***

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| ***Centro de salud*** |  |
| ***Matrona Clínica*** |  |
| ***Matrona Docente*** |  |
| ***Nombre Estudiante*** |  |
| ***Periodo de Internado*** |  |

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| **Fecha** | **Hora de Entrada** | **Hora de Salida** | **Firma** |
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