**Datos de identificación del consultorio**

**Formato de recepción de pacientes**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Fecha** | **Paciente** | **Edad** | **Domicilio** | **Teléfono** | **Correo electrónico** | **Motivo de la consulta** | **Remitido por** |
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**Datos de identificación del consultorio**

**Formato de control de citas diarias**

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| **Fecha** | **Hora** | **Paciente** | **Tratamiento** |
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**Datos de identificación del consultorio**

**Formato de control de ingresos y egresos**

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| **Fecha** | **Ingresos** | **Egresos** | | | |
| **Material** | **Laboratorio** | **Medicamentos** | **Otros gastos** |
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| **Total** |  |  |  |  |  |