## Podrá volcar aquí las operaciones o bien adjuntar un listado similar

Desarrollada por el doctor……………………………………………………………………………………………………………………………………………

Entre el 01 de enero y el 31 de diciembre de 201…..

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| **Fecha** | **Diagnóstico** | **Op. Practicada** | **Cirujano** | **Ayudante(1)** | **Hospital, Sanatorio, mutual, etc. donde se realizó la intervención** |
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(1) Si actuó como ayudante, mencionar el nombre del cirujano

\* Marcar con una cruz lo que corresponda

 Certificado por................................................................................