Fecha:

Tipo: Consulta médica  Consulta psicológica

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| 1. **DATOS DE FUNCIONARIO** |
| Nombre completo: |
| Identificación: |
| Edad: |
| Cargo: |
| Nivel de formación: |
| Dependencia: |
| Enviado a interconsulta de: |
| EPS: |

1. **MOTIVO DE LA REMISIÓN:**

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1. **CONCEPTO DE INTERCONSULTA:**

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Firma

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Solicitante