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