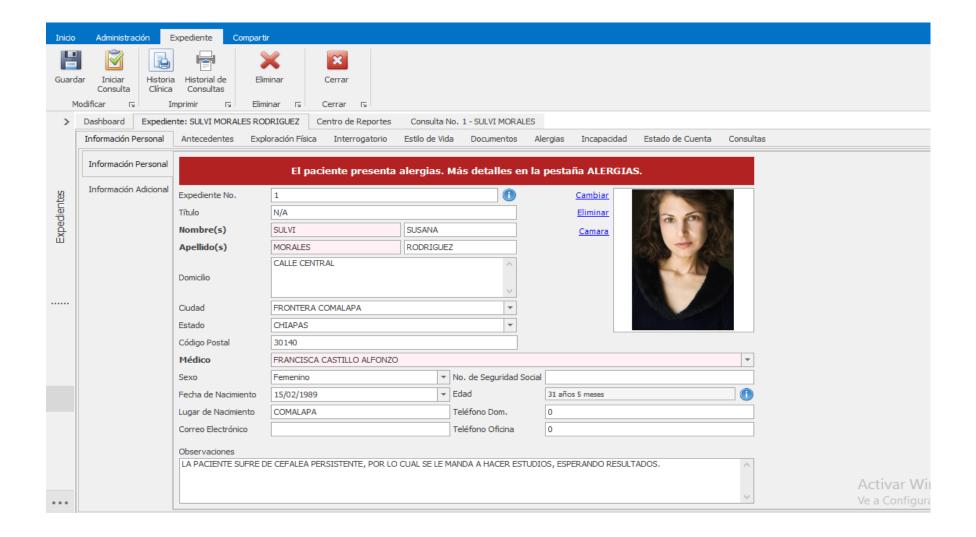
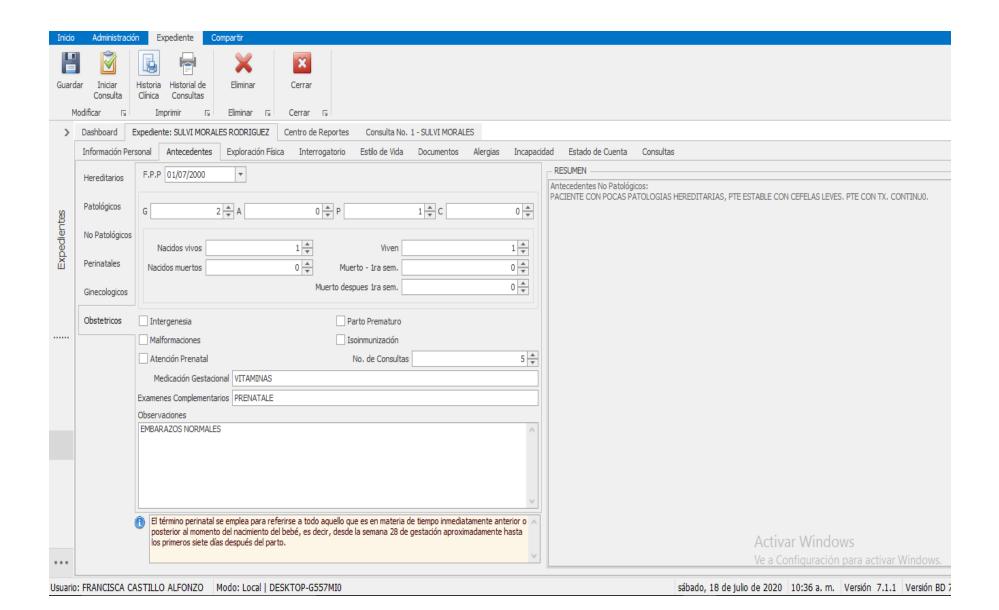
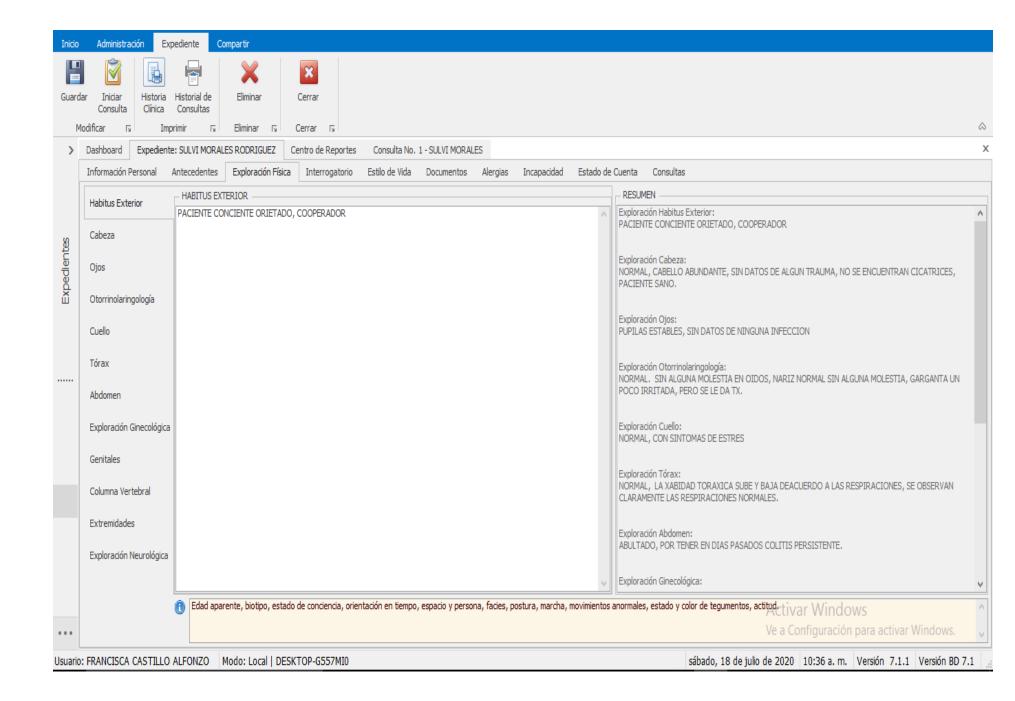
DATOS DEL MEDICO.

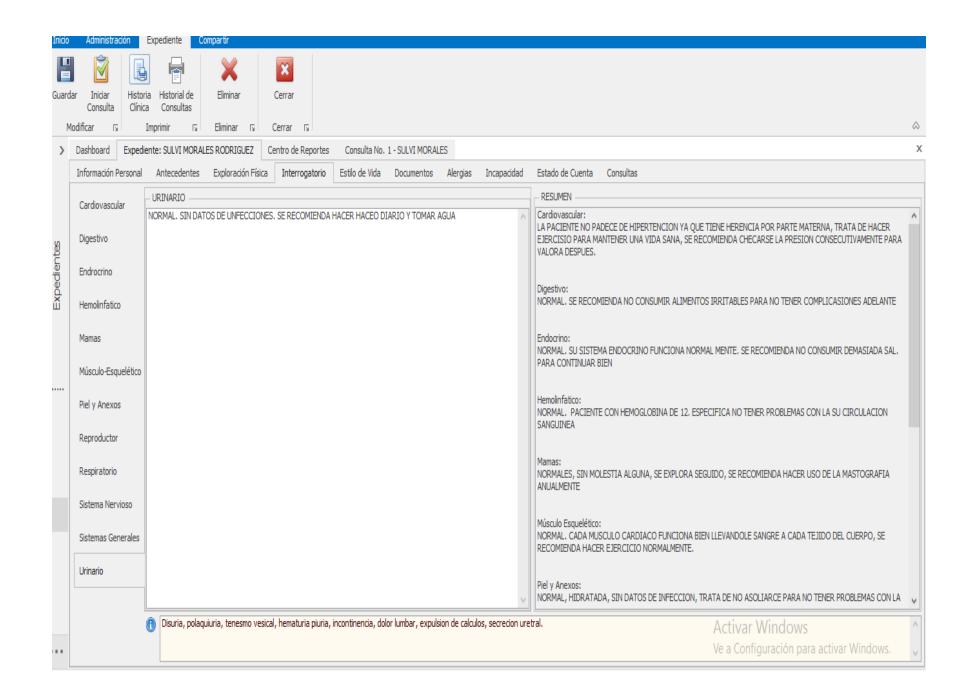
Agregar Médico Ingrese la información en la siguiente forma para dar de alta a un médico.	
Médico No.	1
Nombre	FRANCISCA
Segundo Nombre	ANABEY
Apellido Paterno	CASTILLO
Apellido Materno	ALFONZO
Contraseña	******
Confirmar Contraseña	******
Nombre de Usuario	FRANCISCA CASTILLO ALFONZO
	< Anterior Siguiente >

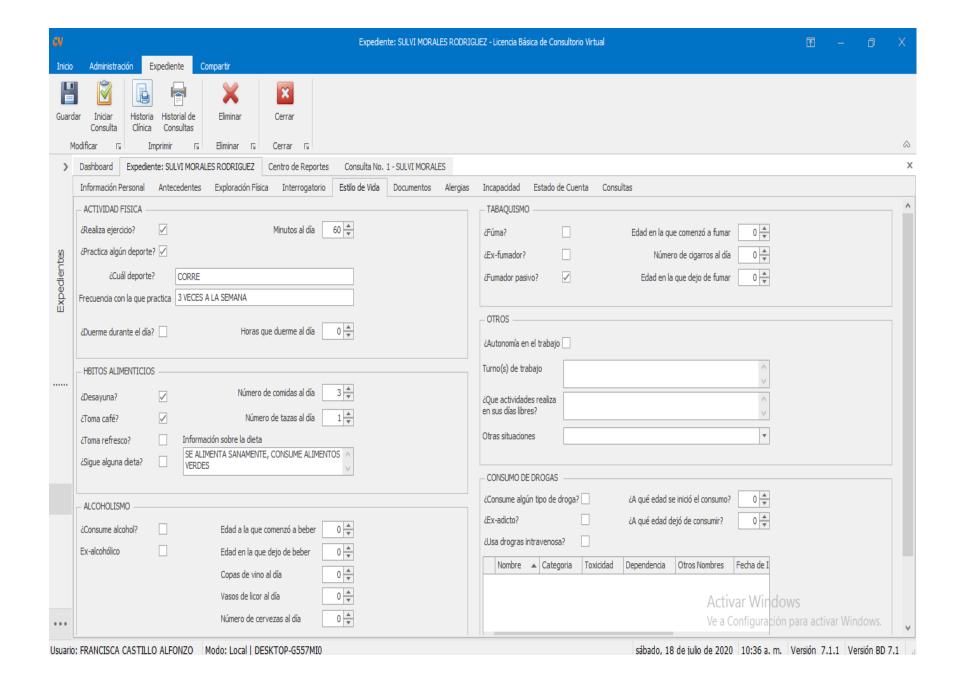
DATOS DEL PACIENTE: SULVI SUSANA MORALES RODRIGUEZ

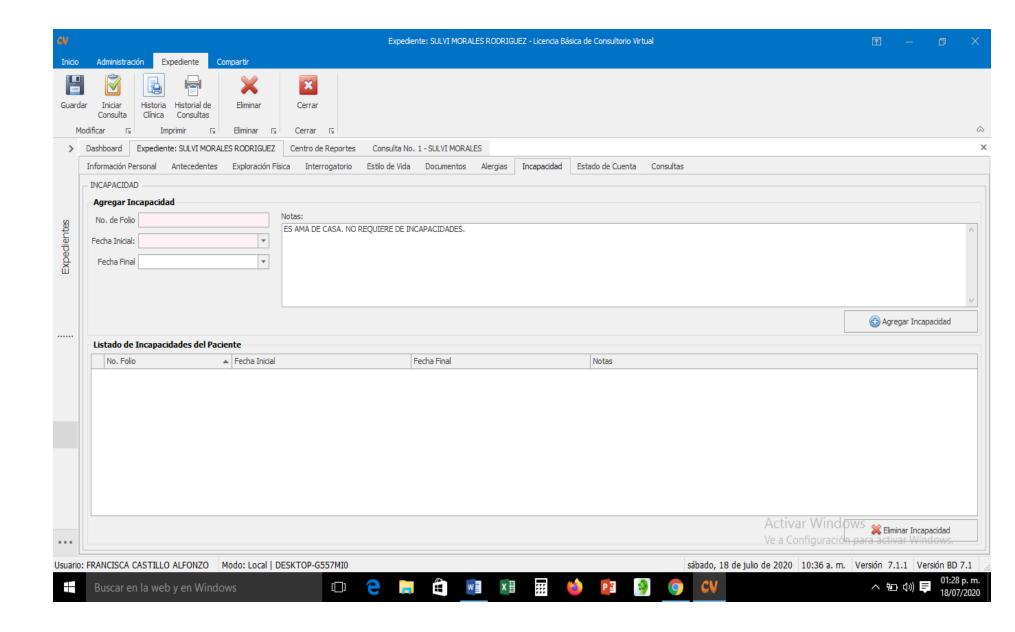


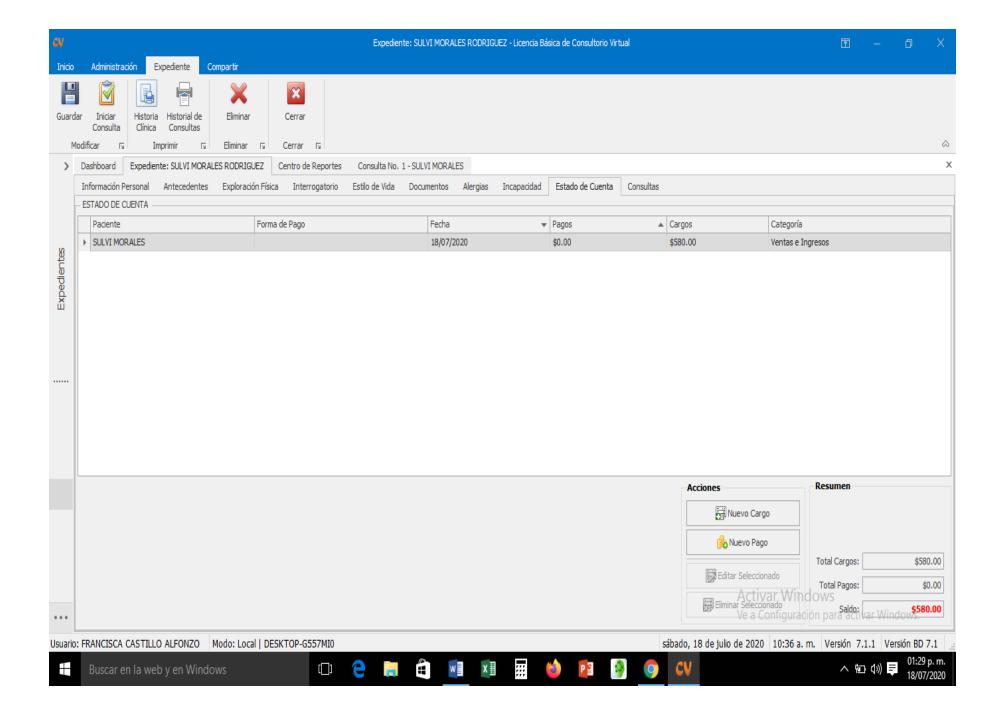


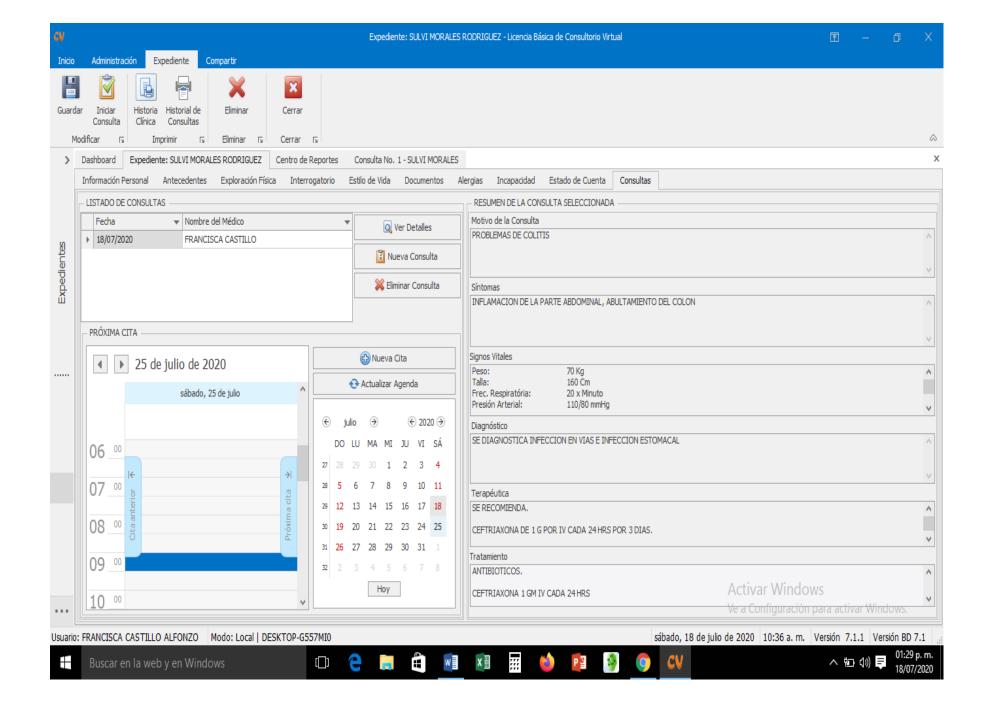




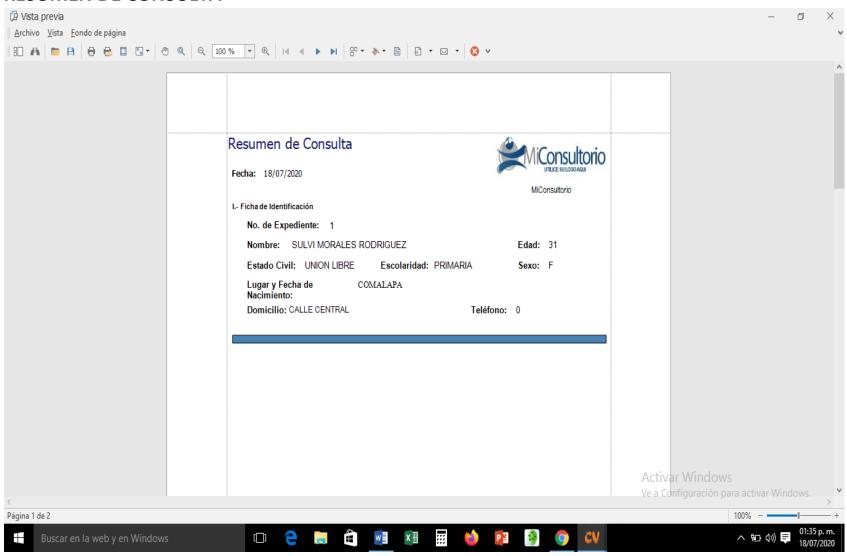








RESUMEN DE CONSULTA



RECETA MEDICA

MiConsultorio

FRANCISCA CASTILLO ALFONZO



Cedula Profesional:

20-000002 Fecha: 18/07/2020

Paciente: SULVI MORALES RODRIGUEZ Fecha de Nacimiento: 15/02/1989

Ceftriaxona(Solución inyectable) | 1 GM CADA 24 HORAS POR 3 DIAS.

Esomeprazol o Pantoprazol o Rabeprazol u Omeprazol o (Agrupamiento de inhibidores de la bomba de protones)(Tableta o gragea o cápsula) | 40 MG VIA ORAL CADA 24 HORAS POR 3 DIAS.

Amoxicilina(Cápsula) | 500 MG VIA ORAL CADA 12 HORAS.

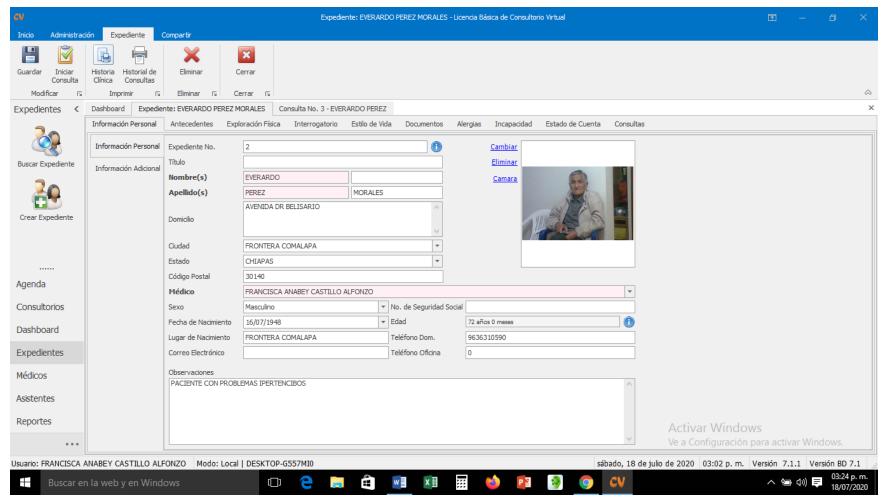
FRANCISCA CASTILLO ALFONZO

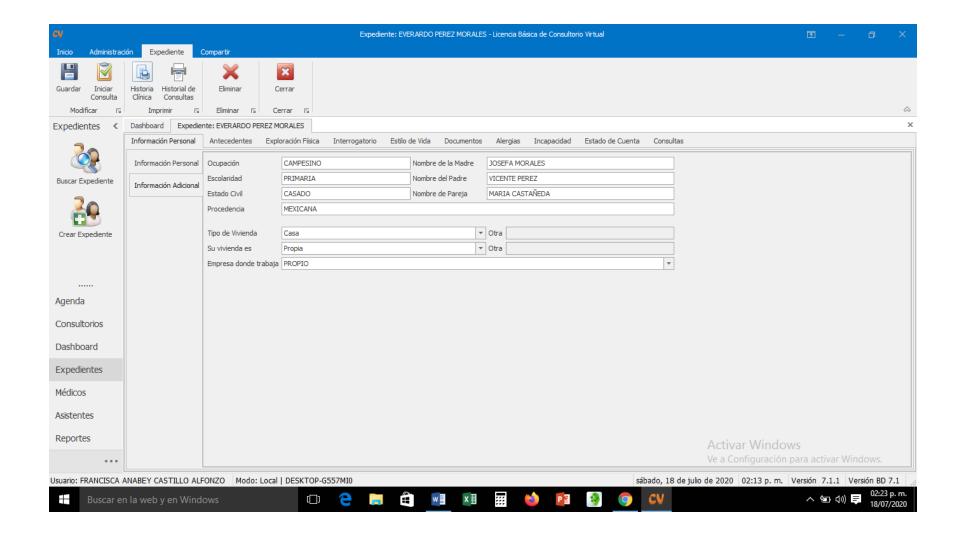
MiConsultorio Teléfono:
Direccion 1

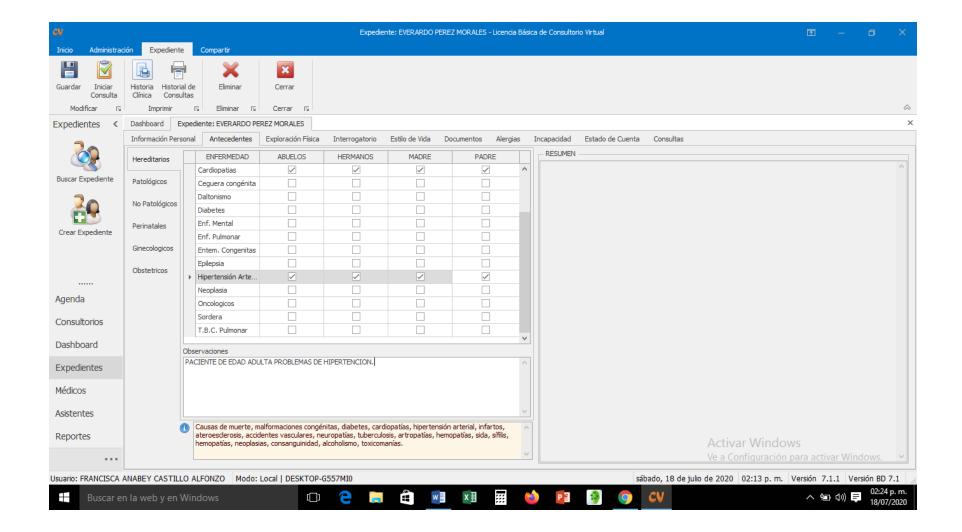
Ciudad Estado Codigo

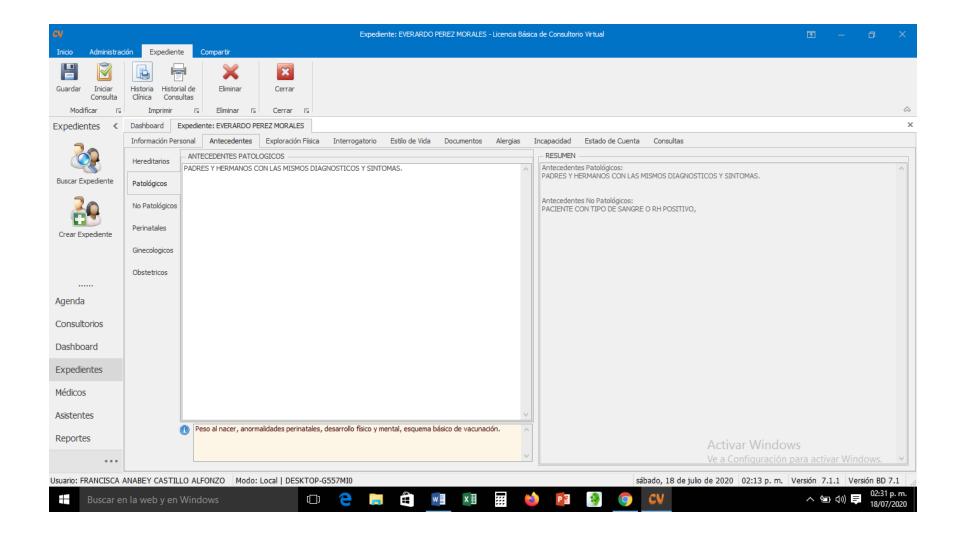
 $\triangle l_c \pm i_1$

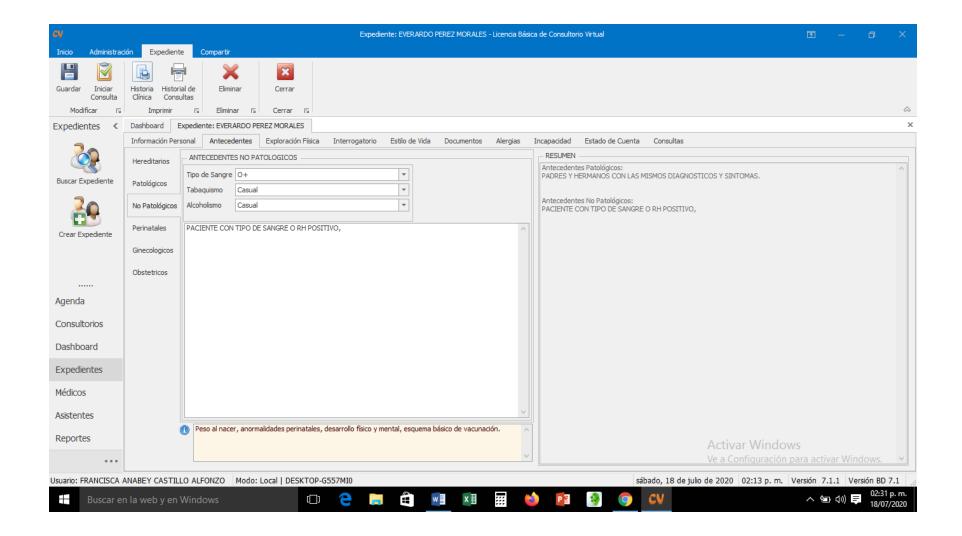
DATOS DEL PACIENTE: EVERARDO PEREZ MORALES.

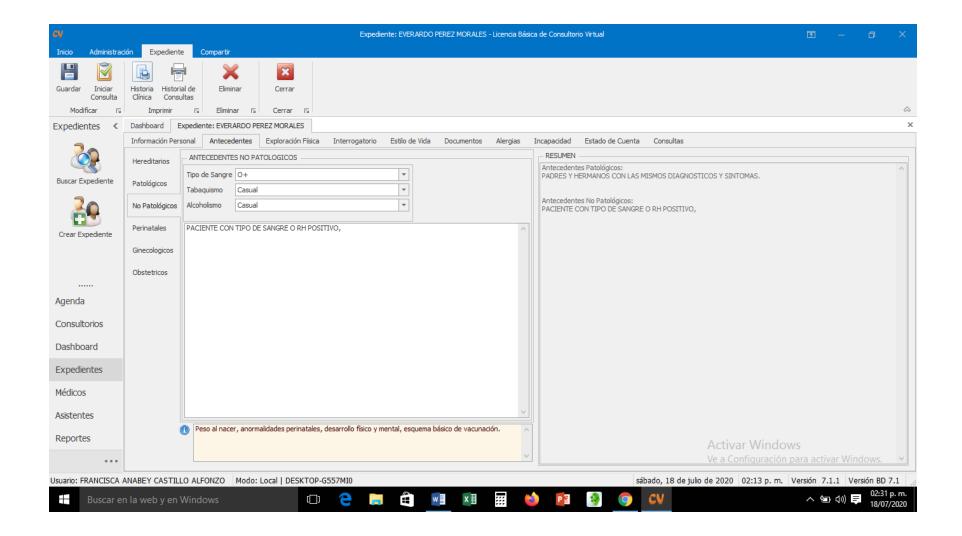


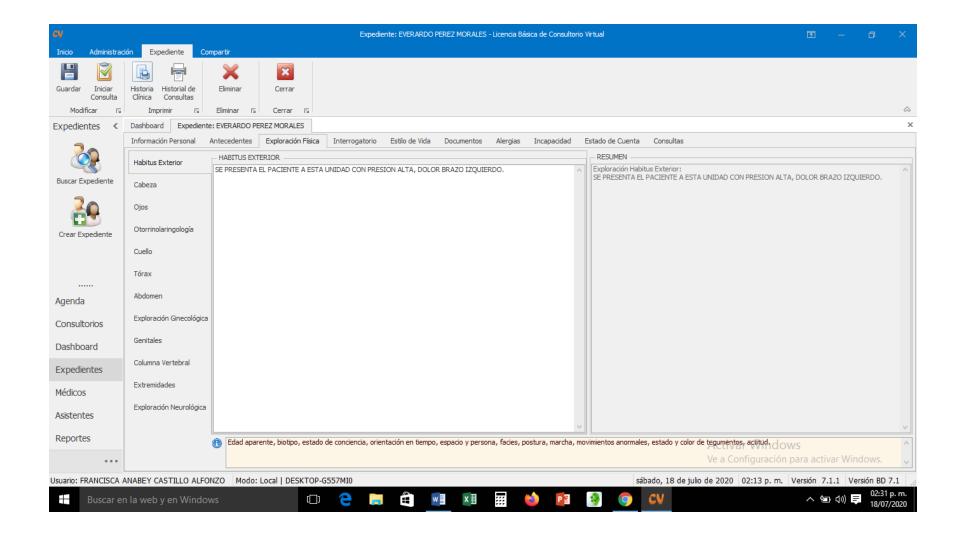


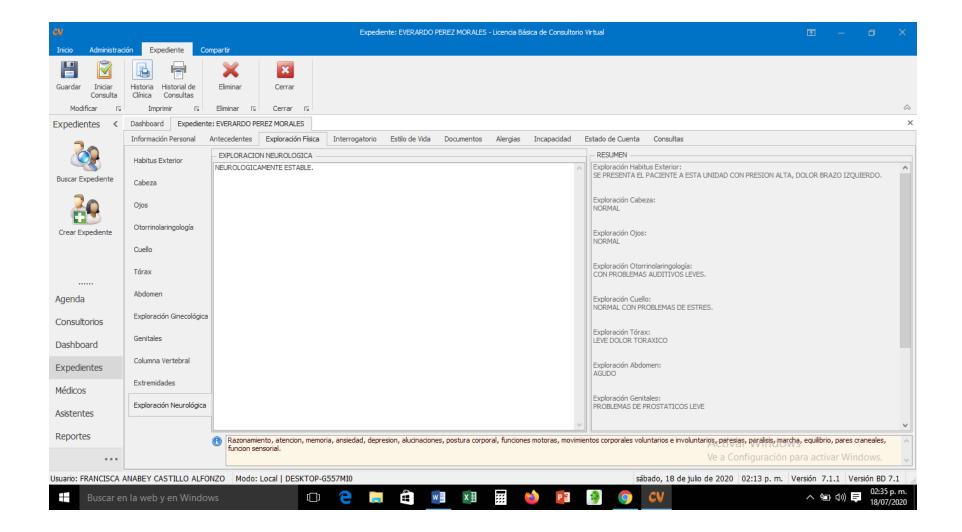


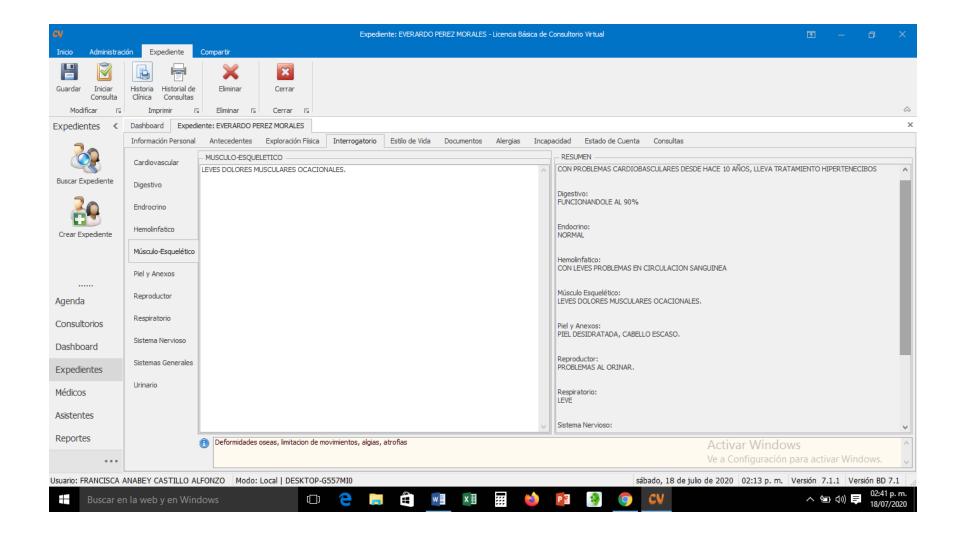


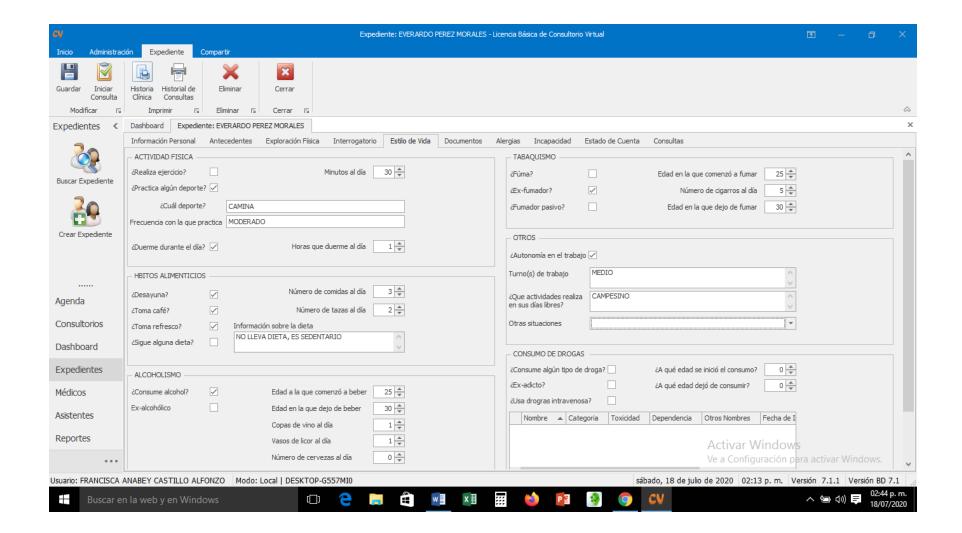


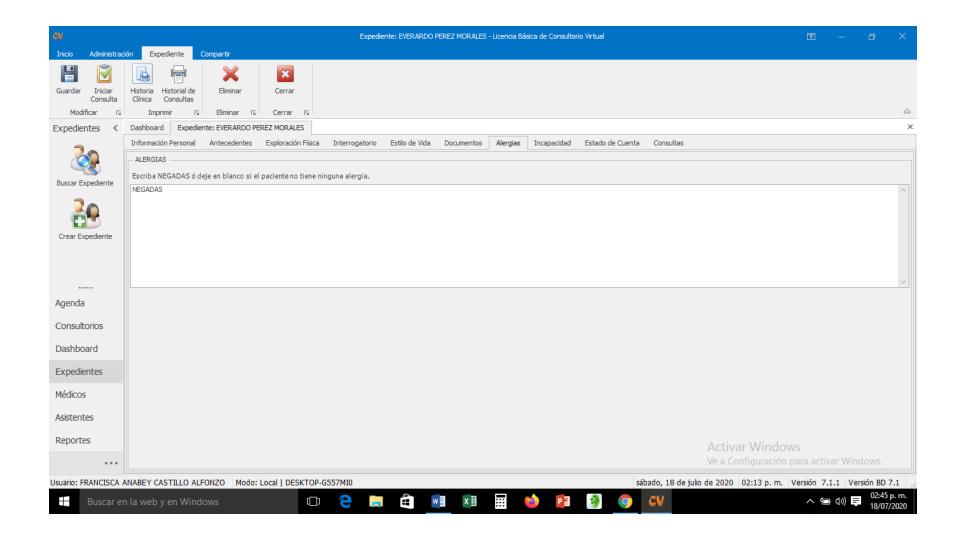


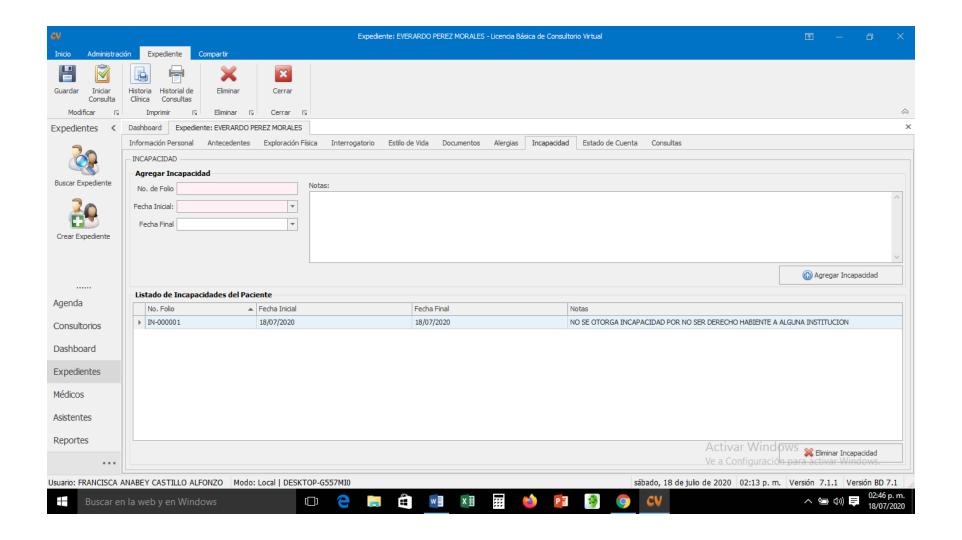


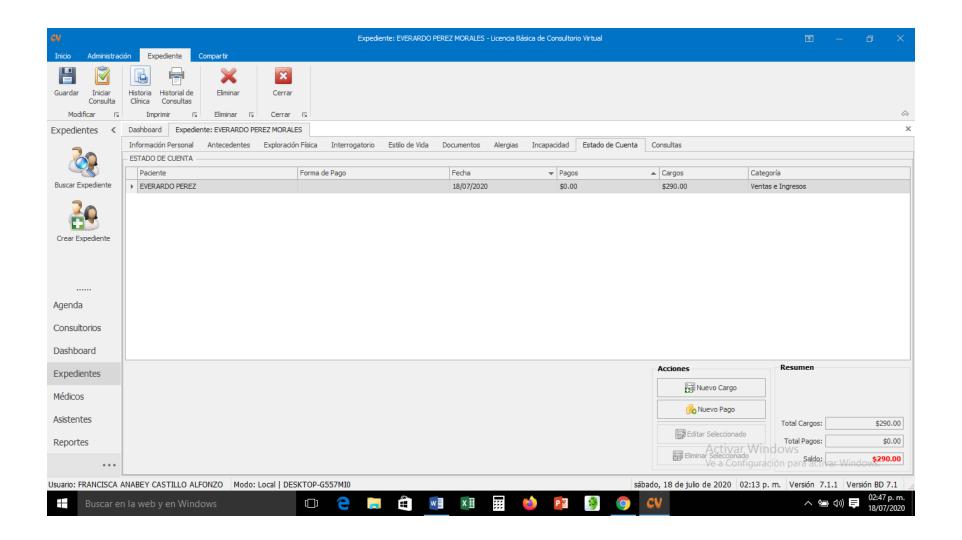


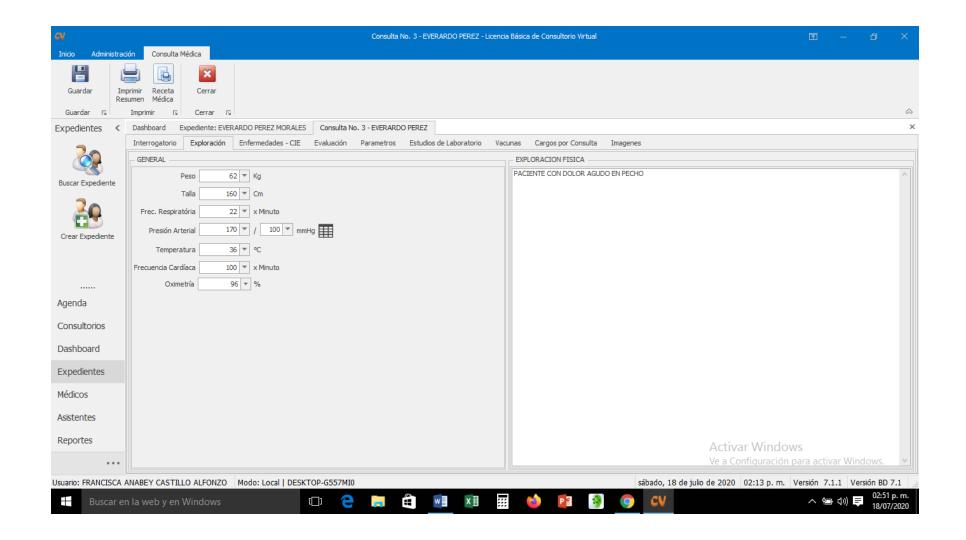


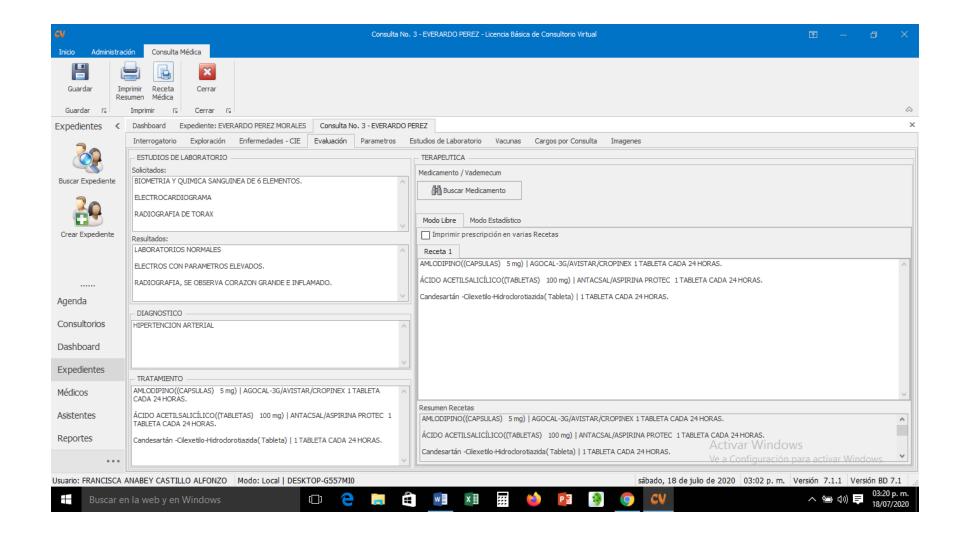


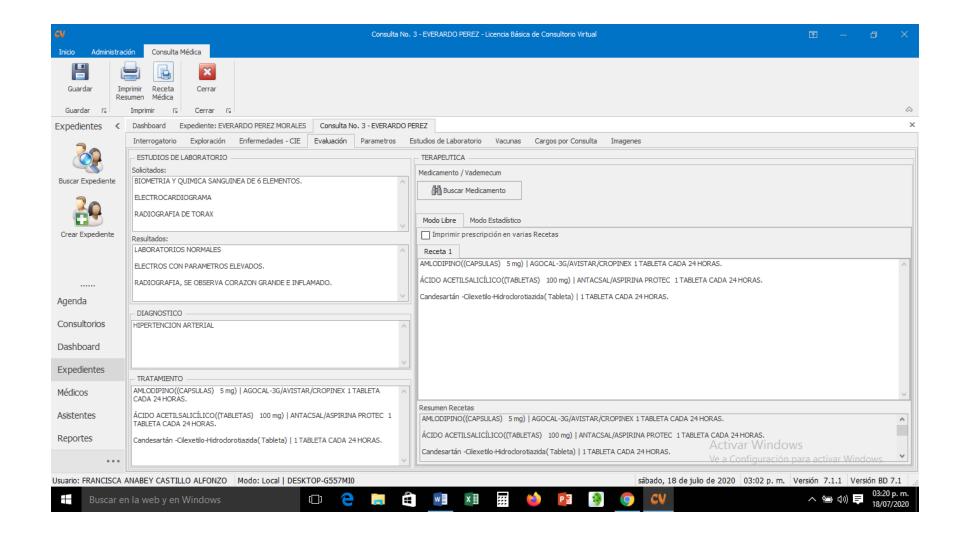


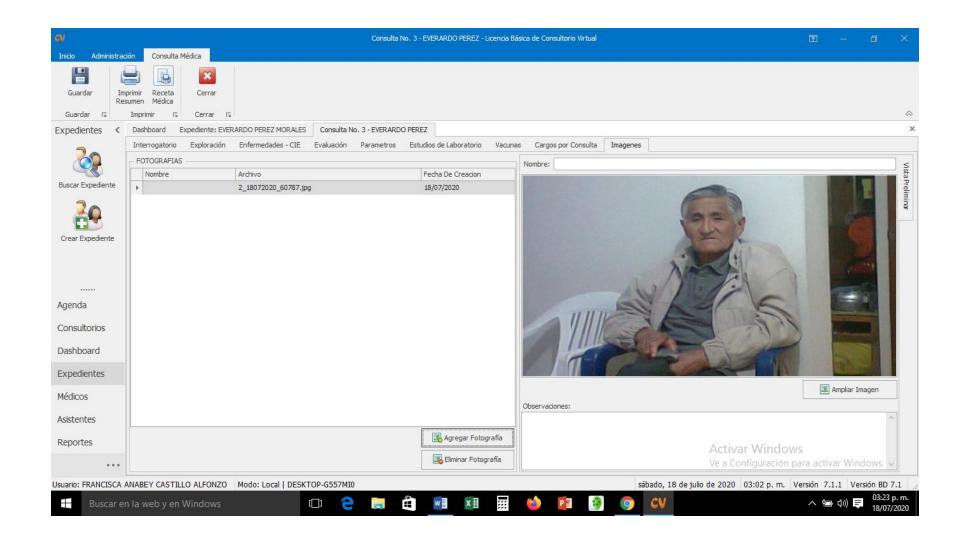












RECETA MEDICA 2 EJEMPLO.

