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| **EQUIPAMIENTO BIOMEDICO - GRUPO 2 - RIESGO MEDIO** | | | | | | | | | | | | | |
| **TITULAR / RAZON SOCIAL** | | *NOMBRE* | | | | | **DOMICILIO** | | | *DOMICILIO DEL ESTABLECIMIENTO* | | | |
|
| **SERVICIO** | **EQUIPAMIENTO CON RIESGO PACIENTE O VIDA SEGÚN DECRETO N° 3405/07** | | | | | | | | | | **VERIFICACION TECNICA** | | **FIRMA Y SELLO BIOINGENIERO** |
| **NOMBRE DEL EQUIPO** | | | **MARCA** | | **MODELO** | | **N° DE SERIE** | | | **FECHA** | |
| *SERVICIO* | *NOMBRE* | | | *MARCA* | | *MODELO* | | *N° DE SERIE* | | | *FECHA* | |  |
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| **JUNTO CON LA PLANILLA, SE DEBERÁN ADJUNTAR LOS INFORMES EMITIDOS POR LA INSTITUCIÓN VERIFICADORA. EN CASO DE NO PRESENTAR LOS MISMOS,**  **ESTA PLANILLA CARECERÁ DE VALIDEZ** | | | | | | | | | | | | | |
| GRUPO 2 - EJEMPLOS:  UNIDAD DE FOTOTERAPIA  OXIMETRO DE PULSO | | | BOMBA DE INFUSION  ECOGRAFO  MONITOR  MULTIPARAPETRICO | | MONITOR FETAL  ESTIMULADOR  TERAPEUTICO | | | | ASPIRADORES  OTROS | | | **FIRMA Y SELLO DIRECTOR TECNICO** | |