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| **EQUIPAMIENTO BIOMEDICO - GRUPO 3 – RIESGO BAJO** | | | | | | | |
| **TITULAR / RAZON SOCIAL** | | *NOMBRE* | | **DOMICILIO** | *DOMICILIO DEL ESTABLECIMIENTO* | | |
|
| **N° DE MOVIL** | **DECRETO N° 3405/07** | | | | | | |
| **NOMBRE DEL EQUIPO** | | **MARCA** | | | **MODELO** | **N° DE SERIE** |
| *N° MOVIL* | *NOMBRE* | | *MARCA* | | | *MODELO* | *N° DE SERIE* |
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| **FIRMA Y SELLO DIRECTOR TECNICO** | | | | | | | |