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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** |