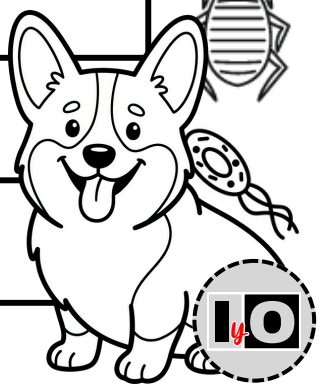
REGISTRO DE DESPARASITACIÓN DE: .....

FECHA	INTERNA /EXTERNA	MEDICAMENTO Y DOSIS



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