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| NOMBRE DE LA EPS ( ) IPS ( ) : |
| FORMATO PARA: SÍFILIS ( ) VIH ( ) HEPATITIS B ( ) |
| FECHA DE LA VISITA: |
| NOMBRE DEL FUNCIONARIO: |
| CARGO: TELEFONO: |
| E-mail: |

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| 1. SEGUIMIENTO AL PROCESO | | | | | |
| CRITERIO | C | CP | NC | NA | OBSERVACIONES |
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| CRITERIO | C | CP | NC | NA | OBSERVACIONES |
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| 1. DIAGNOSTICO TRATAMIENTO Y SEGUIMIENTO | | | | | |
| CRITERIO | **C** | **CP** | **NC** | **NA** | **OBSERVACIONES** |
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| 1. SEGUIMIENTO INTRAPARTO Y PARTO | | | | | |
| CRITERIO | **C** | **CP** | **NC** | **NA** | **OBSERVACIONES** |
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| 1. SEGUIMIENTO NIÑOS | | | | | |
| CRITERIO | C | CP | NC | NA | OBSERVACIONES |
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| TAREAS Y COMPROMISOS ESTABLECIDOS EN ESTA REUNION | | |
| QUÉ HACER | RESPONSABLE | FECHA  COMPROMISO |
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RESPONSABLE DE VSP DE EPS/IPS RESPONSABLE DE ASISTENCIA TECNICA SSPM