MES\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ AÑO\_\_\_\_\_\_

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| Nº Registro | Fecha | Nombre del Paciente | Identificación | Hora de Toma | Resultado  mg/dl | Carga | | | Firma Paciente | Responsable Toma |
| SI | NO | gr. |
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A LOS PACIENTES CON VALOR DE GLUCOMETRÍA MAYOR A 120 mg/dl NO SE LE SUMINISTRARÀ CARGA DE GLUCOSA