

**ANEXO V**

**REGISTRO REVISIÓN PASTILLERO**

**Nombre del NNA:-------------------**

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| --- | --- | --- | --- | --- |
| **Fecha** | **Medicamentos**  **Xx**  **xx** | **Dosis**  **Xx**  **xx** | **Revisado por/firma** | **Firma Encargada de Salud** |
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