



**FEDEQUINAS®**  
COLOMBIA

**INFORME REVISIÓN SANITARIA POR HIPERFLEXIÓN - RADIOLOGO**

**FECHA DEL INFORME:** \_\_\_\_\_

**EXPOSICIÓN EQUINA:** \_\_\_\_\_

**NOMBRES Y APELLIDOS DE RADIOLOGO:** \_\_\_\_\_

**CONCEPTO Y/O DIAGNÓSTICO:**

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**FIRMA:** \_\_\_\_\_

**N° T.P** \_\_\_\_\_

