

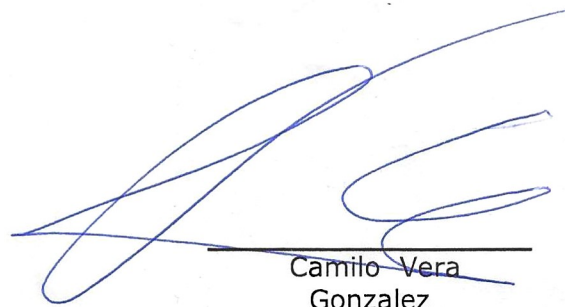
MINISTERIO DE SALUD
S.S. CONCEPCION

HOSP GUILLERMO GRANT BENAVENTE

Certifico que don(a): BENJAMIN IGNACIO MIRANDA BARRIENTOS

Se presentó en este Servicio: INFANTIL

Indicaciones: REPOSO EN DOMICILIO X 10 DIAS
REPOSO DEPORTIVO X 3 SEMANAS

A handwritten signature in blue ink, appearing to read 'Camilo Vera Gonzalez', is written over a horizontal line.

Camilo Vera
Gonzalez

02/10/2024 20:08:49