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| Nombre del centro: |  |
| Dirección: |  |
| Responsable: |  |
| Persona de Contacto: |  |
| E-mail de contacto: |  |
| Teléfono de contacto: |  |

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| **Monitor de Parámetros Fisiológicos** | | | | | | | | | | |
| Marca | Modelo | Número  de serie | Año de instalación | Incorpora batería | Parámetros Fisiológicos Monitorizados | | | | | |
| Frecuencia cardíaca | Frecuencia respiratoria | ECG | Temperatura | Saturación  oxígeno | Presión arterial |
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