**ODONTOGERIATRIA-CICLO LECTIVO 2016**

**Planilla de seguimiento de alumnos**

FOTO

Apellido y Nombre del Alumno:

Docente a cargo:

Año que cursa:

D.N.I.:

**Evaluaciones Teóricas**

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| Tipo y N° de Evaluación | Fecha | Calificación |
| Seminario n° 1 |  |  |
| Seminario n° 2 |  |  |
| Parcial n° 1 |  |  |

**Práctica Clínica en Facultad:**

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| Práctica Clínica | Fecha | Asistencia

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| C/P | S/P |

 | Paciente | Actividad realizada | Observaciones |
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**Práctica Clínica en Terreno/COAM**

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| Práctica Clínica | Fecha | Asistencia | Paciente | Actividad realizada | Observaciones |
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**CONCEPTO**:

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 Firma del Docente