**ORDEN DE SERVICIO**

**FECHA DE SOLICITUD: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**NÚMERO DE ORDEN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DATOS GENERALES**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **N° DEL CONTRATO** |  |  | **NOMBRE DEL PROFESIONAL DE LA SALUD** |  |
| **PROVEEDOR** |  |  | **CLUE DEL HOSPITAL Y/O UNIDAD MÉDICA** |  |
| **PARTIDA** |  |  | **ENTIDAD FEDERATIVA** |  |
| **HOSPITAL** |  |  | **DOMICILIO** |  |

**TRANSPORTE**

|  |  |  |  |
| --- | --- | --- | --- |
| **TIPO DE SERVICIO** | **SEÑALAR CON UNA X** | **FECHA** | |
| **TRANSPORTE PERMANENTE** |  | **INICIO** | **DD/MM/AA** |
| **FIN** |  |
| **TRANSPORTE TEMPORAL** |  | **INICIO** |  |
| **FIN** |  |
| **HOSPEDAJE PERMANENTE** |  | **INICIO** |  |
| **FIN** |  |
| **HOSPEDAJE TEMPORAL** |  | **INICIO** |  |
| **FIN** |  |
| **ALIMENTOS** |  | **INICIO** |  |
| **FIN** |  |

**OBSERVACIONES.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **SOLICITA** |  | **AUTORIZA** |  | **ACEPTA** |  | **CONFORMIDAD** |
|  |  |  |  |  |  |  |
| **NOMBRE Y CARGO** |  | **NOMBRE Y CARGO** |  | **NOMBRE Y CARGO** |  | **NOMBRE DEL PROFESIONAL** |
| **UAS** |  | **UAF** |  | **PROVEEDOR** |  | **DE LA SALUD** |