**REGISTRO DE CONTROLES DE ESTERILIZACIÓN DEL INSTRUMENTAL**

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| **FECHA** | **REALIZADO POR** | **CICLO Nº** | **INSTRUMENTAL ESTERILIZADO** | | | **CONTROL FÍSICO** | | | | **CONTROL QUÍMICO** | **CONTROL BIOLÓGICO**  **(Semanal)** |
| General | Quirúrgico | Implantes | Presión | Tiempo | Temperatura | Viraje Color Bolsa | Resultado | Nº Lote |
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