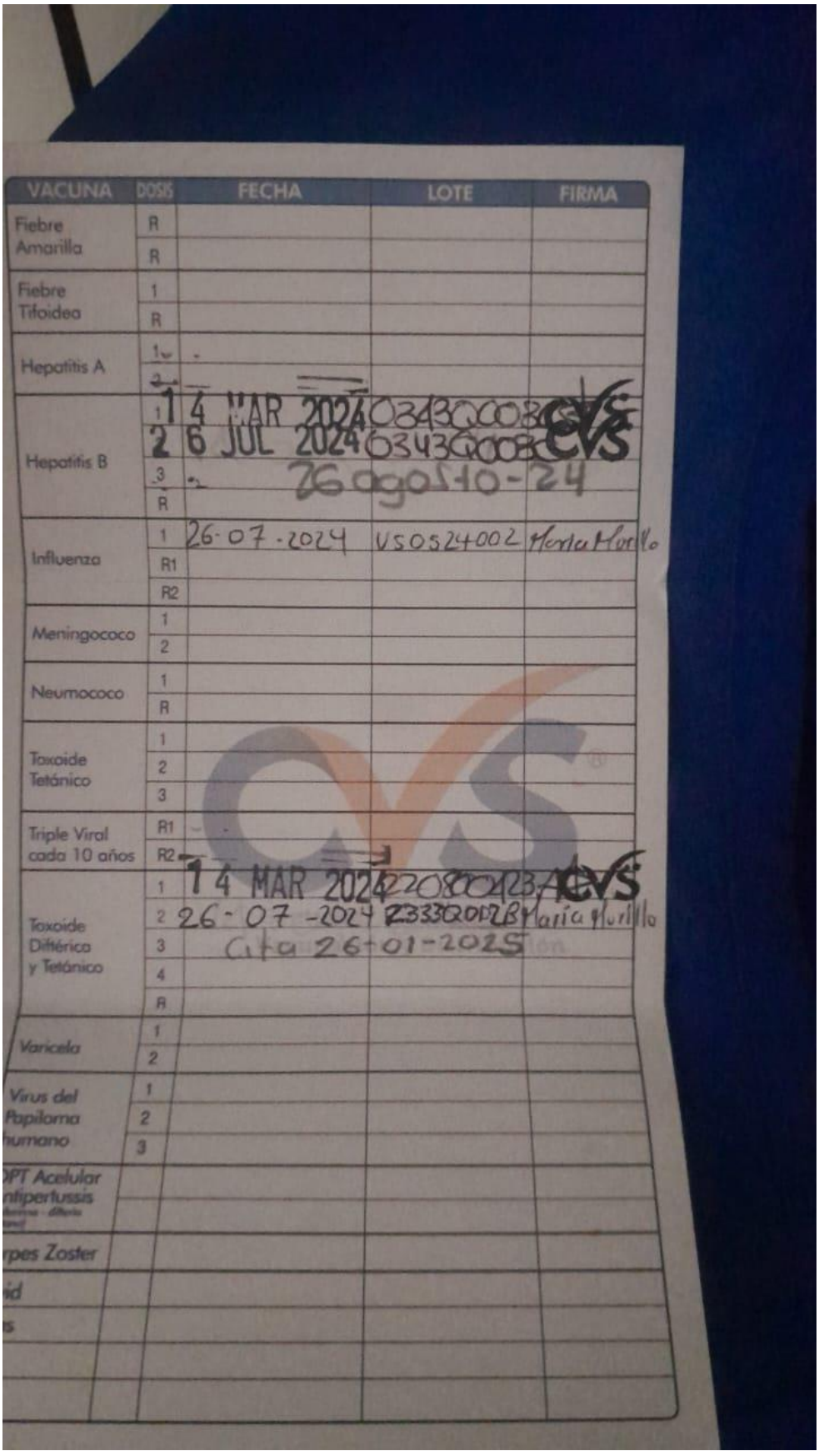

CVS
Centro de Vacunas Speices
Vacunación y Distribución
Código de Habilitación 680010392601
Nombre: Yulexy Navarro Rivero R
Identificación: 4962200
Teléfono:
Calle 17 # 30-52 Interior 1
San Alonso - Bucaramanga
cvspeices@gmail.com
gerencia@cvsvacunas.com
pedidos@cvsvacunas.com
607 632 5584
607 632 4240
301 210 1275
300 217 6318
@cvsvacunas
@cvs.vacunas
@cvsvacunas



| VACUNA | DOSIS | FECHA | LOTE | FIRMA |
|---|---|---|---|---|
| Fiebre Amarilla | R | | | |
| | R | | | |
| Fiebre Tifoidea | 1 | | | |
| | R | | | |
| Hepatitis A | 1 | - | | |
| | 2 | - | | |
| Hepatitis B | 1 | 14 MAR 2024 | 0343Q0038 | CVS |
| | 2 | 26 JUL 2024 | 0343Q0038 | CVS |
| | 3 | 26 agosto-24 | | |
| | R | | | |
| Influenza | 1 | 26-07-2024 | VS0524002 | Maria Murillo |
| | R1 | | | |
| | R2 | | | |
| Meningococo | 1 | | | |
| | 2 | | | |
| Neumococo | 1 | | | |
| | R | | | |
| Toxoide Tetánico | 1 | | | |
| | 2 | | | |
| | 3 | | | |
| Triple Viral cada 10 años | R1 | - | - | |
| | R2 | - | - | |
| Toxoide Diftérica y Tetánico | 1 | 14 MAR 2024 | 2208042B | CVS |
| | 2 | 26-07-2024 | 2333Q002B | Maria Murillo |
| | 3 | Cita 26-01-2025 | | |
| | 4 | | | |
| | R | | | |
| Varicela | 1 | | | |
| | 2 | | | |
| Virus del Papiloma humano | 1 | | | |
| | 2 | | | |
| | 3 | | | |
| DPT Acelular Antipertussis | | | | |
| | | | | |
| Herpes Zoster | | | | |
| Covid | | | | |
| Otras | | | | |
| | | | | |
| | | | | |