**CONTROL DE USO DE LABORATORIO**

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| **LABORATORIO N.** | | | | |
| **FECHA:** | | **00/00/00/** | | |
| **HORA DE ENTRADA:** | |  | **HORA DE SALIDA:** |  |
| **CÁTEDRA:** | | **Morfología Dental** | **SEMESTRE:** | **Segundo “C”** |
| **PUESTOS DE TRABAJO:** | | **35** | **N° DE ESTUDIANTES:** | **35** |
| **TEMA DE LA PRÁCTICA:** | |  | | |
| **DOCENTE:** | | **Dra. Gabriela Benítez** | | |
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| **N°** | **NOMBRE DEL ESTUDIANTE** | | **N° CÉDULA** | **FIRMA** |
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| **NOMBRE DOCENTE:** | Dra. María Gabriela Benítez Pérez |
| **FIRMA** |  |