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| **LISTADO DE MEDICAMENTOS COMO DONACIÓN** | | | | |
| **(Donated Medications List)** | | | | |
| **NOMBRE DEL MEDICAMENTO** | **CARACTERISTICAS** | **CANTIDAD** | **FECHA DE CADUCIDAD** | **VALOR ESTIMADO** |
| (medication name) | (characteristics) | (quantity) | (exp. date) | (estimated value) |
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