**${company\_name}**

**Дата приема: ${created\_at}**

**Пациент: ${customer\_full\_name}**

**Врач: ${staff\_full\_name}**

**Телефон: ${company\_phone}**

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**Дневник истории болезни.**

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|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ${tooth\_18} | ${tooth\_17} | ${tooth\_16} | ${tooth\_15} | ${tooth\_14} | ${tooth\_13} | ${tooth\_12} | ${tooth\_11} | ${tooth\_21} | ${tooth\_22} | ${tooth\_23} | ${tooth\_24} | ${tooth\_25} | ${tooth\_26} | ${tooth\_27} | ${tooth\_28} |
| 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| ${tooth\_48} | ${tooth\_47} | ${tooth\_46} | ${tooth\_45} | ${tooth\_44} | ${tooth\_43} | ${tooth\_42} | ${tooth\_41} | ${tooth\_31} | ${tooth\_32} | ${tooth\_33} | ${tooth\_34} | ${tooth\_35} | ${tooth\_36} | ${tooth\_37} | ${tooth\_38} |

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Жалобы: ${1}

Развитие настоящего заболевания: ${2}

Анемнез жизни: ${3}

Внешний осмотр: ${4}

Объективно: ${6}

Онкоосмотр: ${7}

Рентгенологически, УЗИ, др.: ${8}

Лечение: ${11}

Рентгенологически в процессе лечения: ${12}

План обследования: ${13}

Рекомендации: ${16}

Проверка №1: ${17}

План лечения: ${18}

**Услуги**

|  |  |  |  |
| --- | --- | --- | --- |
| **Название услуги** | **Количество** | **Скидка, %** | **Цена** |
| ${serviceName} | ${serviceQuantity} | ${serviceDiscount} | ${servicePrice} |

**Итого: ${totalPrice}**

**.**

**${staff\_full\_name}**