|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | **{{patient\_info\_1}}** | | | | | |
|  | | | | | **{{d\_open}}** | | **{{d\_from}}** | | | |
| **{{parent\_name\_full}}** | | | | | | | | |
| **{{address}}** | | | | | | | **{{b\_d\_1}}** | | |
| **{{work}}** | | | | | | |
|  | | | | | | | | |
|  | | | | | | **{{d\_open}}** | **{{d\_from}}** | | | |
|  | | | | | | | | |
|  | **{{parent\_name\_1}}** | | | | | | | |
|  | **{{parent\_name\_2}}** | | | | | | | |
|  | **{{parent\_name\_3}}** | | | | | | | |
|  | | | | | | **{{b\_d\_2}}** | | |
|  | | | | | | | | |
| **{{ patient\_info\_2}}** | | | | | | | | |
|  | | | | | | | | |
| **{{d\_from}}** | | **{{d\_until}}** | | **{{ doctor\_name}}** | | | |