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| **КАРТА ВЫЗОВА №** | ***${id}*** | **от** | ***${date}*** |

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| **дата выполнения** |  |

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| |  | | --- | | ФИО: *${fullname}* | | Дата рождения: *${birthday}* | | Возраст: *${age}* | | Адрес: *${address}* | | Ориентиры: *${guide}* | | Повод к вызову: *${reason}* | | Полис ОМС: *${polis\_oms\_number}* | | | | | |  | | --- | | ФИО, кто вызвал: *${who\_calls}* | | К.телефон: *${phone}* | | Жалобы: *${complaint}* | | План.время визита: *${visit\_time}* | | План.сумма: *${cost}* | | Ответственное подр-е: *${dep}* | | Заявку оформил(а): *${created\_by}* | | | | |
| ДИАГНОЗ: |  | | | | | | |
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| НАЗНАЧЕНИЕ: | |  | | | | | |
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| Ф.И.О. мед. работника, обслуживающего вызов | | | | | |  | |
| Фактическое время обслуживания | | |  | | Номер квитанции | |  |
| Фактическая сумма обслуживания | | |  | | | | |



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| --- | --- | --- | --- | --- | --- | --- | --- |
| ФИО: | *${fullname}* | | | | | | |
| АНАМНЕЗ: | | |  | | | | |
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| ДИАГНОЗ: | | |  | | | | |
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| НАЗНАЧЕНИЕ: | | | |  | | | |
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| Больничный лист (медицинская справка) | | | | |  | | |
| ВРАЧ: | |  | | |  | Дата: |  |