Unitatea sanitară …………………………….

**REŢETĂ MEDICALĂ**

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CNP

Numele………..Prenumele….……..sex M / F

Vârsta…… Domiciliul: judeţul……………… Localitatea………………Strada…...…………

Nr…….Nr. fişă (reg. cons., foaie obs.)….....…

DIAGNOSTIC .................................................

Rp.

Semnătura şi parafa

Data medicului