Приложение к договору № от «» 20 года

**Наряд ортопедический**

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Врач\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Пол

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Пациент\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Техник\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| 48 | 47 | 46 | 45 | 44 | 43 | 42 | 41 | 31 | 32 | 33 | 34 | 35 | 36 | 37 | 38 |
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| Вид работы | | | | | | | | | | | | | | | |

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| № этапа | Описание | Дата отправки | Дата прихода в ЗТЛ | Дата сдачи |
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Цвет Шкала расцветки Форма лица



Комментарии врача

