Главному врачу

учреждения здравоохранения

«3-я городская клиническая

больница имени Е.В.Клумова»

Саевич Н.И.

гр.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Ф.И.О. полностью)

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Зарегистрированной (ого)

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Паспорт № \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Выдан:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Телефон:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ЗАЯВЛЕНИЕ

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(подпись) (И.О.Ф.)