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| **MIESIĘCZNE SPRAWOZDANIE Z WYKONANYCH PROCEDUR** | | | | |
| **miesiąc............... rok................. ośrodek kosztów …...................** | | | | |
|  | | | | |
| (imię i nazwisko lekarza) | | | | |
| **DATA** | **ID pacjenta** | **nazwa procedury** | **wartość zł** | **kwota …...%** |
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|  | **ŁĄCZNIE** | | |  |
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| ................................................... | | | ................................................... | |
| pieczęć i podpis lekarza | | | pieczęć i podpis osoby zatwierdzającej | |
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