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| **MIESIĘCZNE SPRAWOZDANIE Z WYKONANYCH BADAŃ** | | | | | |
| **miesiąc............... rok................. ośrodek kosztów …...................** | | | | | |
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| (imię i nazwisko lekarza) | | | | | |
| **DATA** | **Ilość badań** | | |
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|  | **ŁĄCZNIE** | |  | | |
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| pieczęć i podpis lekarza | | pieczęć i podpis osoby zatwierdzającej | | | |
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