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| Министерство здравоохранения и социального  развития Российской Федерации | | | | | | | | | | | | | |  | | | | | |  |
| \_\_\_\_МУЗ РУЗСКАЯ РАЙОННАЯ БОЛЬНИЦА\_\_\_\_\_  (наименование медицинского учреждения)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_штамп\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (адрес) | | | | | | | | | | | | | |  | | | | | | Медицинская документация  Форма № 057/у-04 |
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|  | | | | | | утверждена приказом Минздравсоцразвития России  от 22.11.2004г. № 255 |
| Код ОГРН |  |  |  |  |  |  |  |  |  |  |  |  |  | |  | | | | | |

**НАПРАВЛЕНИЕ**

**на госпитализацию, обследование, консультацию**

(нужное подчеркнуть)

\_\_\_ООО «Лечебно-профилактическое учреждение «Санаторий Дорохово»\_\_\_\_\_\_\_

(наименование медицинского учреждения, куда направлен пациент)

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| 1. Номер страхового | 4 | 6 | | - | | 1 | | 5 | |  | | 8 | | 3 | 2 | 9 | | 9 | | 1 | |  | | Р | | О | | С | Н | О |  |  |  |  | |  | |  | |
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| 3. Фамилия, имя, отчество ИВАНОВ ИВАН ИВАНОВИЧ\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |
| 4. Дата рождения \_\_02.01.1955Г..\_\_\_\_ | | | | | | | |
| 5. Адрес постоянного места жительства МО, РУЗСКИЙ РАЙОН, Г. РУЗА, УЛ. ШКОЛЬНАЯ, Д.3 | | | | | | | |
| 6. Место работы, должность СЛЕСАРЬ-САНТЕХНИК, Подольский ДСК\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |
| 7. Код диагноза по МКБ | М | 4 | 2 | . | 1 |  |  |
| Расшифровка диагноза ОСТЕОХОНДРОЗ ШЕЙНОГО ОТДЕЛА ПОЗВОНОЧНИКА\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |

*8.*Инструментальные и лабораторные исследования (вписать данные) *\_\_25.01.2011 г. ОАК ; Нв 143; М 7,4 СОЭ-16, сахар – 4,5, ОАМ – удв. Все – 1020, б\о\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

Должность медицинского работника, направившего больного \_\_\_ВРАЧ\_\_\_\_\_\_

СИДОРОВА Т.И.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ф.И.О. подпись

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| Заведующий отделением \_ПЕТРОВА Н.И.\_\_\_\_\_\_\_\_\_\_\_\_\_  Ф.И.О. подпись    «\_\_\_\_» \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_ г.  МП |  |