***ПРИЛОЖЕНИЕ № 4 к Положению***

 БУЗ ВО «Кадуйская ЦРБ»

 Главному врачу

 Т.М. Мазепиной

 От \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Ф.И.О. полностью

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 Адрес проживания:

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 Контактный телефон:

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 Адрес, по которому направить ответ

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**ЗАЯВЛЕНИЕ**

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*«\_\_\_»\_\_\_\_\_\_\_\_\_\_201\_\_г. \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

 подпись расшифровка подписи