***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