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|  | **СПЕЦИФИКАЦИЯ К ДОГОВОРУ № от  на оказание платных медицинских услуг** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | **Код услуги** | **Наименование услуги** | **Коли- чество услуг** | **Стоимость услуги** | **Сумма (руб.)** | **Заведующий отделением** | **Старшая медсестра** | **Отделение** |
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|  | Всего оказано услуг на сумму: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | **Подписи сторон** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | **От имени Исполнителя представитель по доверенности** | | | | | | | | | | | | | | | | | |  | **Пациент (Законный представитель)** | | | | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | подпись | | | | |  | расшифровка подписи | | | | | | | | | | | |  | подпись | | | | |  | расшифровка подписи | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |