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|  | **СПЕЦИФИКАЦИЯК ДОГОВОРУ № от на оказание платных сервисных услуг** |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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|  | "Пациент" |  |  |  |  |  |

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|  | **Кодуслуги** | **Наименованиеуслуги** | **Коли-чествоуслуг** | **Стоимостьуслуги** | **Сумма(руб.)** | **Заведующийотделением** | **Старшаямедсестра** | **Отделение** |
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|  | Всего оказано услуг на сумму:  |
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|  | **Подписи сторон** |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | **От имени Исполнителяпредставитель по доверенности** |  | **Пациент (Законный представитель)** |  |  |  |  |  |  |  |  |  |  |  |  |
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|  |  |  |  |  | ✔ |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | подпись |  | расшифровка подписи |  | подпись |  | расшифровка подписи |  |  |  |  |  |  |  |  |  |  |  |  |