**Vakcīnu pieprasījums ārpus kārtējā pasūtījuma (paraugs)**

Ārstniecības iestādes nosaukums un adrese

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|  |
| Kods http://www.vestnesis.lv/wwwraksti/BILDES/KVADRATS.GIFhttp://www.vestnesis.lv/wwwraksti/BILDES/KVADRATS.GIFhttp://www.vestnesis.lv/wwwraksti/BILDES/KVADRATS.GIFhttp://www.vestnesis.lv/wwwraksti/BILDES/KVADRATS.GIFhttp://www.vestnesis.lv/wwwraksti/BILDES/KVADRATS.GIFhttp://www.vestnesis.lv/wwwraksti/BILDES/KVADRATS.GIFhttp://www.vestnesis.lv/wwwraksti/BILDES/KVADRATS.GIFhttp://www.vestnesis.lv/wwwraksti/BILDES/KVADRATS.GIFhttp://www.vestnesis.lv/wwwraksti/BILDES/KVADRATS.GIF |
|  |
| (ārstniecības personas vārds, uzvārds, tālruņa numurs) |

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| **Nr.p.k.** | **Vakcīnas nosaukums** | **Vakcīnas daudzums (devas)**  |
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Pamatojums: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Lūdzu piegādāt vakcīnu/-as līdz | \_\_\_\_. \_\_\_\_. \_\_\_\_\_\_. |
|  |  (datums) |
| Ārstniecības iestādes darba laiks |

|  |  |
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| **Nedēļas diena** | **Darba laiks** |
| Pirmdiena |  |
| Otrdiena |  |
| Trešdiena |  |
| Ceturtdiena |  |
| Piektdiena |  |

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| \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| (datums) |  | (vārds, uzvārds) | (paraksts) |
|  |  |  |  |