Министерство здравоохранения и социального развития Российской Федерации

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|  | Медицинская документация | | |
| (наименование медицинского учреждения) | Форма № 057/у-04 |  |  |
|  |  | | |
|  | утверждена приказом Минздравсоцразвития России | | |
|  | от 22 ноября 2004 года № 255 | | |
| (адрес) |  | | |

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| Код ОГРН |  |  |  |  |  |  |  |  |  |  |  |  |  |

**НАПРАВЛЕНИЕ**

**на госпитализацию, обследование, консультацию**

(нужное подчеркнуть)

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|  |
| (наименование медицинского учреждения, куда направлен пациент) |

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| 1. Номер страхового |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

полиса ОМС

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| 2. Код льготы |  |  |  |

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|  | 3. Фамилия, имя, отчество | | | | | |  | | | | | | | |
|  | 4. Дата рождения |  | | | | | | | |  | | | | |
|  | 5. Адрес постоянного места жительства | | | | | | | | | | |  | | |
|  | 6. Место работы, должность | | | | |  | | | | | | | | |
| 7. Код диагноза по МКБ | | |  |  | | | |  |  | |  | |  |  |
| 8. Обоснование направления | | | | |  | | | | | | | | |  |
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| Должность медицинского работника, направившего больного |  |  |

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| Ф. И. О. |  | подпись |

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| Заведующий отделением |  |  |  |
|  | Ф. И. О. |  | подпись |

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М. П.