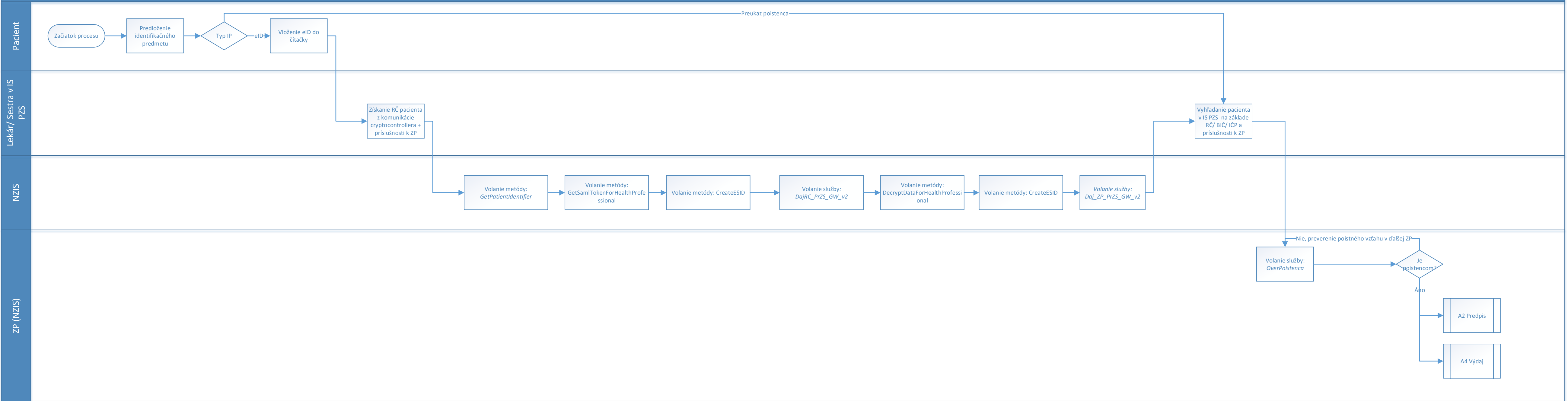


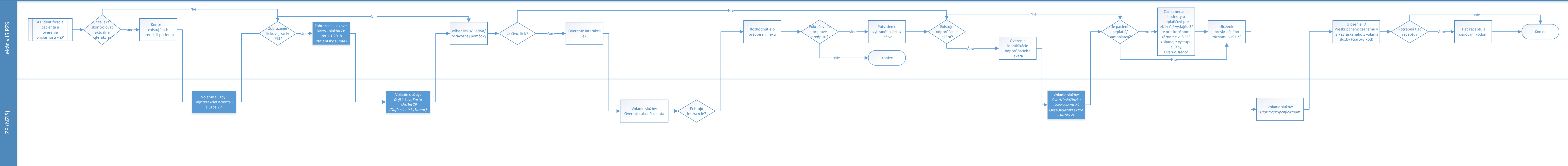
A1 Identifikácia pacienta a overenie príslušnosti v ZP

NZIS



A2 Predpis

NZIS

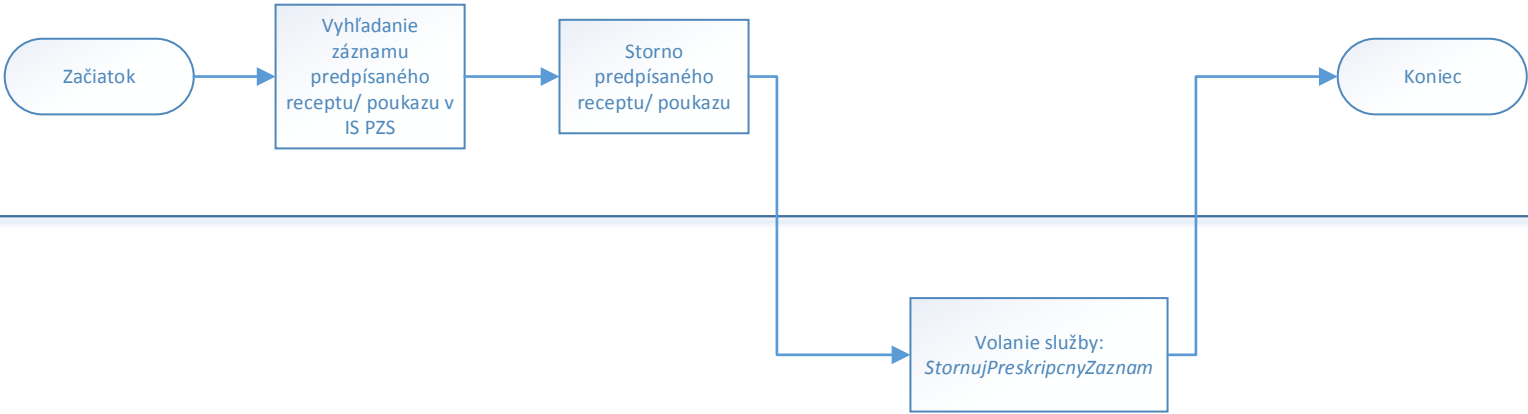


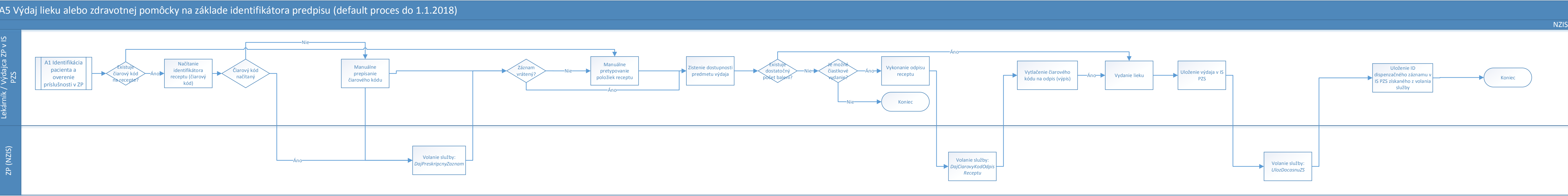
A3 Storno predpísaného receptu

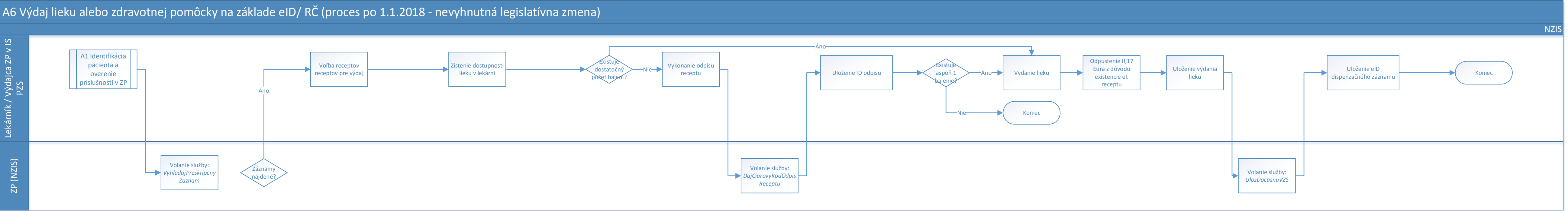
NZIS

Lekár / Sestra v IS PZS

ZP (NZIS)







## A7 Storno dispenzačného záznamu receptu

NZIS

