

| Miesto<br>pre<br>nalep.<br>číslo                                 | <b>Lekársky predpis</b>  |               | Kód lekára   |       |             |  |  |  |           |  |         |  |      |      |      |      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | Zdravotná poisťovňa poistenca<br><div> <div></div> <div></div> <div></div> <div></div> </div>                    |               | CF 2530984   |       |             |  |  |  |           |  |         |  |      |      |      |      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| euro   | cent   | euro          | cent   |       |             |  |  |  |           |  |         |  |      |      |      |      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Dňa:   |  | Spolu         |  |       |             |  |  |  |           |  |         |  |      |      |      |      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| .....<br>odtlačok pečiatky a podpis lekára                       |  |               |  |       |             |  |  |  |           |  |         |  |      |      |      |      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Prijal   | Prípravil  | Spolupracoval | Expedoval  | Dátum |             |  |  |  |           |  |         |  |      |      |      |      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |