Forma Nr. 003-4/a, patvirtinta

Lietuvos Respublikos sveikatos apsaugos

ministro 2016 m. spalio 6 d.

įsakymu Nr. V-1145

Paciento vardas, pavardė ....................................................................

Ligos istorijos Nr. .......................................... Palatos Nr. ................

**Gydytojo paskyrimai**

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|  | Įvykdymas | Žymos apie įvykdymą | | | | | | | | | | | | | |
| Data |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Režimas |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Dieta |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | gydytojas | |  |  |  |  |  |  |  |  |  |  |  |  |  |
| slaugytojas | |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | gydytojas | |  |  |  |  |  |  |  |  |  |  |  |  |  |
| slaugytojas | |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | gydytojas | |  |  |  |  |  |  |  |  |  |  |  |  |  |
| slaugytojas | |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| slaugytojas | |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | gydytojas | |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Parašai** | gydytojas | |  |  |  |  |  |  |  |  |  |  |  |  |  |
| slaugytojas | |  |  |  |  |  |  |  |  |  |  |  |  |  |