Приложение 5

к приказу Министерства

здравоохранения и социального

развития Российской Федерации

от 22 ноября 2004 года N 255

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| Министерство здравоохранения и социального развития Российской Федерации |  |  | | | | | |
|  |  | Медицинская документация | | | | | |
| (наименование медицинского учреждения) |  | Форма N 057/у-04 | |  | | |  |
|  |  |  | | | | | |
|  |  | утверждена приказом | | | | | |
|  |  | Минздравсоцразвития России | | | | | |
| (адрес) |  | от |  | | N |  | |

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

**НАПРАВЛЕНИЕ**

**на госпитализацию, восстановительное лечение, обследование, консультацию**

(нужное подчеркнуть)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| (наименование медицинского учреждения, куда направлен пациент) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. | | Номер страхового | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | полиса ОМС | | | |  |  |  | | |  | | | | |  | |  | | |  | | |  | | |  | |  |  |  |  | |  | | |  |  |  |  |  | |  |  |  | |  | |  | |
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|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3. Фамилия, имя, отчество | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 4. Дата рождения | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 5. Адрес постоянного места жительства | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 6. Место работы, должность | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 7. Код диагноза по МКБ | | | | | | | | |  | | | | |  | | |  | |  | | |  | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 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 | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |  |  | | | | | |  | | | | | | | | |
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М.П.