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| Lietuvos Respublikos sveikatos apsaugos ministerija | | | | | | | | | | | |  |
|  | | | | | | | | | | | | ĮOK |
| *(įstaigos pavadinimas)* | | | | | | | | | | | |  |
| **IŠRAŠAS IŠ MEDICININIŲ DOKUMENTŲ** | | | | | | | | | | | | VDK |
|  | | | | | | | | | | | | Forma Nr. 027/a |
| 20 | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | |
| Įstaigos, kuriai siunčiamas išrašas, pavadinimas ir adresas | | | | | | | | | |  | | |
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|  | 1. Ligonio vardas, pavardė | | | | | | |  | | | | |
|  | 2. Gimimo data | | | |  | | | | | | | |
|  | 3. Namų adresas | | | |  | | | | | | | |
|  | 4. Darbovietė arba ugdymo institucija | | | | | | | |  | | | |
|  | | | | | | | | | | | | |
|  | 5. Datos: | |  | | | | | | | | | |
|  | susirgimo | | |  | | | | | | | | |
|  | siuntimo į stacionarą | | | | | |  | | | | | |
|  | hospitalizavimo | | | | |  | | | | | | |
|  | 6. Diagnozė (pagrindinė liga, lydinčios ligos, komplikacijos) | | | | | | | | | |  | |
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|  | 7. Ligos anamnezė, diagnostiniai tyrimai, ligos eiga, taikytas gydymas, ligonio būklė išrašant | | | |  |
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|  | Rekomendacijos gydymui ir darbui | | |  | |
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|  | | **Gydantis gydytojas** |  | | |

*(parašas) (v., pavardė)*