**ЛИСТ НАЗНАЧЕНИЙ**

**История болезни №\_\_\_\_**

**Фамилия, И.,О**.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Возраст**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Отделение**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Палата**\_\_\_\_\_\_\_\_\_\_\_\_

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| Лекарства | Дата назначения | Дата отмены | Инъекции | Дата назначения | Дата отмены | Процедуры | Дата назначения | Дата отмены |
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| Лабораторные исследования | Дата назначения | Дата отмены | Кабинет функциональной диагностики | Дата назначения | Дата отмены | Рентгенологические исследования | Дата назначения | Дата отмены |
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