*MODEL*

Aviz

 Directia de Sanatate Publica Timis

Cerere avizare modificare echipe de garda in programul garzilor avizat de catre Directia de Sanatate Publica Timis pentru luna …………………

in centrul de permanenta ………………….

Subsemnata (ul) dr. ...............................................................medic coordonator al Centrului de permanenta fix ....................................... aflat la adresa............................................................. solicit modificare a echipei de garda din data :

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Nr crt**  | **DATA**  | **Ziua sapt.** | **Nr ore** | **Interval orar**  | **Medic**  | **ASISTENT**  |
| **1** |  |  |  |  |  |  |
| **2** |  |  |  |  |  |  |

cu urmatoarea echipa de garda:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Nr crt**  | **DATA**  | **Ziua sapt.** | **Nr ore** | **Interval orar**  | **Medic**  | **ASISTENT**  |
| **1** |  |  |  |  |  |  |
| **2** |  |  |  |  |  |  |

din urmatoarele motItive: ............................................................................................

........................................................................................................................................

**Anexez 1.graficul de garzi avizat de catre DSP Timis pentru luna in curs**

 **2. documente justificative pentru modificarea garzii**

 a .........................................

 b. .......................................................

Medic coordonator Dr. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (semnatura si stampila )