CATRE

DIRECTIA DE SANATATE PUBLICA TIMIS

Subsemnatii de mai jos imputernicim pe d-l/(d-na) dr.\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, carte de identitate seria \_\_\_\_\_, nr.\_\_\_\_\_\_\_\_\_\_\_ eliberata la data de \_\_\_\_\_\_\_\_\_\_ de \_\_\_\_\_\_\_\_\_\_\_\_\_\_, numar telefon \_\_\_\_\_\_\_\_\_\_,e-mail\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ pentru a ridica carnetele de medici rezidenti specialitatea \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, astfel:

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