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 \_\_\_\_\_\_\_\_\_\_\_, pentru a ridica carnetele de medici rezidenti specialitatea \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, astfel:

|  |  |  |
| --- | --- | --- |
| Nr.Crt. | Numele si prenumele | Semnatura |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |