CATRE

DIRECTIA DE SANATATE PUBLICA TIMIS

Subsemnatii de mai jos imputernicim pe d-l/(d-na) dr.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

CNP\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, carte de identitate seria \_\_\_\_\_, nr.\_\_\_\_\_\_\_\_\_\_\_ eliberata la

data de \_\_\_\_\_\_\_\_\_\_ de \_\_\_\_\_\_\_\_\_\_\_\_\_\_, pentru a ridica carnetele de medici rezidenti

specialitatea \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, astfel:

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