*Приложение № 1 към чл. 7, ал. 4*

Вх. № \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_\_ г.

**ДО**

**ДИРЕКТОРА НА РЕГИОНАЛНА**

**ЗДРАВНА ИНСПЕКЦИЯ – ВЕЛИКО ТЪРНОВО**

**ПРЕДЛОЖЕНИЕ**

от ……………………………………………………………………………………………………………………………………………………….……

(трите имена на лицето, представляващо лечебното заведение)

в качеството на

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адрес ………………………..……………………………….……………………………………………………………………………………………………..

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(област, община, град, ул. №)

**УВАЖАЕМА ГОСПОЖО/ГОСПОДИН ДИРЕКТОР,**

Предлагам съгласно чл. 104, ал. 1 от Закона за здравето и чл. 7, ал. 4 от Правилника за устройството и организацията на работа на органите на медицинската експертиза и на регионалните картотеки на медицинската експертиза считано от …………………… г. към

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регистрационен № на лечебното заведение

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(наименование на лечебното заведение)

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(адрес на лечебното заведение – област, община, град, ул. №)

представлявано от

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(трите имена на лицето, представляващо лечебното заведение)

да определи следните състави на обща и специализирани ЛКК:

**Обща лекарска консултативна комисия**

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| **1. Председател** |

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 име и фамилия на лекаря ЕГН на лекаря

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специалист по вътрешни болести

код специалност \* УИН на лекар

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| **2. Член** |

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 име и фамилия на лекаря ЕГН на лекаря

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специалист по ………………………………………………

код специалност УИН на лекар/ЛПК на лекаря по ДМ

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| **3. Член** |

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 име и фамилия на лекаря ЕГН на лекаря

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специалист по …………………………………………….

код специалност УИН на лекар/ЛПК на лекаря по ДМ

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| **4. Член** |

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 име и фамилия на лекаря ЕГН на лекаря

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специалист по ……………………………………………

код специалност УИН на лекар/ЛПК на лекаря по ДМ

**РЕЗЕРВНИ ЧЛЕНОВЕ:**

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| **5. Член** |

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 име и фамилия на лекаря ЕГН на лекаря

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специалист по …………………………………………….

код специалност УИН на лекар/ЛПК на лекаря по ДМ

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| **6. Член** |

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Д-р …………………………………………………………………………………………

 име и фамилия на лекаря ЕГН на лекаря

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специалист по ……………………………………………

код специалност УИН на лекар/ЛПК на лекаря по ДМ

Работно време на комисията:

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**Специализирана лекарска консултативна комисия**

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 по ……………………………………………

 код специалност \*\*

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 име и фамилия на лекаря/лекаря по дентална медицина ЕГН

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специалист по ……………………………………………

код специалност УИН на лекар/ЛПК на лекаря по ДМ

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| **2. Член** |

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 Д-р …………………………………………………………………………………………

 име и фамилия на лекаря ЕГН на лекаря

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специалист по ……………………………………………

код специалност УИН на лекар/ЛПК на лекаря по ДМ

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| **3. Член** |

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Д-р …………………………………………………………………………………………

 име и фамилия на лекаря ЕГН на лекаря

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специалист по ……………………………………………

код специалност УИН на лекар/ЛПК на лекаря по ДМ

**РЕЗЕРВНИ ЧЛЕНОВЕ:**

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| **4. Член** |

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 име и фамилия на лекаря ЕГН на лекаря

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специалист по ……………………………………………

код специалност УИН на лекар/ЛПК на лекаря по ДМ

Работно време на комисията:

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**Специализирана лекарска консултативна комисия**

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 код специалност \*\*

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| **1. Председател** |

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 Д-р …………………………………………………………………………………………

 име и фамилия на лекаря/лекаря по дентална медицина ЕГН

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специалист по ……………………………………………

код специалност УИН на лекар/ЛПК на лекаря по ДМ

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| **2. Член** |

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 име и фамилия на лекаря ЕГН на лекаря

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специалист по ……………………………………………

код специалност УИН на лекар/ЛПК на лекаря по ДМ

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| **3. Член** |

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 име и фамилия на лекаря ЕГН на лекаря

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специалист по ……………………………………………

код специалност УИН на лекар/ЛПК на лекаря по ДМ

**РЕЗЕРВНИ ЧЛЕНОВЕ:**

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| **4. Член** |

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 име и фамилия на лекаря ЕГН на лекаря

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специалист по ……………………………………………

код специалност УИН на лекар/ЛПК на лекаря по ДМ

Работно време на комисията:

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**Специализирана лекарска консултативна комисия**

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 код специалност \*\*

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| **1. Председател** |

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 име и фамилия на лекаря/лекаря по дентална медицина ЕГН

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специалист по ……………………………………………

код специалност УИН на лекар/ЛПК на лекаря по ДМ

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| **2. Член** |

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 име и фамилия на лекаря ЕГН на лекаря

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специалист по ……………………………………………

код специалност УИН на лекар/ЛПК на лекаря по ДМ

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| **3. Член** |

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 име и фамилия на лекаря ЕГН на лекаря

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специалист по ……………………………………………

код специалност УИН на лекар/ЛПК на лекаря по ДМ

**РЕЗЕРВНИ ЧЛЕНОВЕ:**

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| **4. Член** |

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 име и фамилия на лекаря ЕГН на лекаря

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специалист по ……………………………………………

код специалност УИН на лекар/ЛПК на лекаря по ДМ

Работно време на комисията:

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**Специализирана лекарска консултативна комисия**

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 код специалност \*\*

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 име и фамилия на лекаря/лекаря по дентална медицина ЕГН

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специалист по ……………………………………………

код специалност УИН на лекар/ЛПК на лекаря по ДМ

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| **2. Член** |

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 име и фамилия на лекаря ЕГН на лекаря

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специалист по ……………………………………………

код специалност УИН на лекар/ЛПК на лекаря по ДМ

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| **3. Член** |

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 име и фамилия на лекаря ЕГН на лекаря

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специалист по ……………………………………………

код специалност УИН на лекар/ЛПК на лекаря по ДМ

**РЕЗЕРВНИ ЧЛЕНОВЕ:**

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| **4. Член** |

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 име и фамилия на лекаря ЕГН на лекаря

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специалист по ……………………………………………

код специалност УИН на лекар/ЛПК на лекаря по ДМ

Работно време на комисията:

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С уважение:

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**Забележка:**

\* - посочва се код на медицинската специалност, която притежава лицето, съгласно приложение № 10 към чл. 54 а, ал.8

\* - посочва се код на медицинската специалност, по която се създава Специализираната ЛКК, съгласно приложение № 10 към чл. 54 а, ал.8