|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **SAATEKIRI RAVILE SUUNAMISEKS PÄRNU HAIGLASSE** | | | | | | | | | | | | | | | | | | | | | | | | | |
| Osakond: |  | | | | | | | | | | | | | | |  | Telefon: | | |  | | | | | |
| Hospitaliseerimise kuupäev, eelnev kokkulepe: | | | | | |  | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | |  | | | | | | | | | | | | | |
| Patsiendi ees- ja perekonnanimi: | | | | |  | | | |  | | |  | | | | Vanus: | | |  | | | | | | |
| Isikukood: |  | | | | *Nimekleeps* | | | | | | | Aadress: | | | |  | | | | | | | | | |
|  |  | | | |  | |  |  | |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |
|  | | | | |  | | | | | | |  |  |  |  |  |  |  | |  |  |  |  |  |  |
|  |  |  |  |  |  |  | |  |  |  |  |  |  |
|  |  |  |  |  |  |  | |  |  |  |  |  |  |
|  |  |  |  |  |  |  | |  |  |  |  |  |  |
| Diagnoos: |  | | | | | | | | | | | | | | | | | | | | kood: |  |  |  |  |
|  |  |  |  |
|  | | | | | | | | | | | | | | | | | | | | | kood: |  |  |  |  |
|  |  |  |  |
| Teostatud uuringud: | | |  | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
| Senine ravi: | |  | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
| Suunava arsti nimi, kood: | | | |  | | | | | | | | | | | | | | | | | | | | | |
| Suunamise kuupäev, allkiri: | | | |  | | | | | | | | | | | | | | | | | | | | | |