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|  | Kód pojišťovny | | | | | |  | IČP |  | | | | | | | | Odbornost | | | | | | | |  | | | |  | | | | | | | | Ev. číslo | | | |  | | | | | | | |  |
|  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |
|  |  | | | |  | |  | **NÁVRH NA LÉČEBNĚ REHABILITAČNÍ PÉČI**  **V ODBORNÉ LÉČEBNĚ – díl 1**  potvrzená objednávka léčebně | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Čís. návrhu | | | |  | | | | | | | |
|  |  | |  |  |  |  |  |  |  | |  |
|  |  | | | |  | | | Rok návrhu | | | | | | |  | | | | |
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|  |  | | | | | | | | | | **Pacient** | | | | | | | | | | | | | | | | | | | **Zák. zástupce** | | | | | | | | | | | | | | | | | | |
|  | Příjmení a jméno | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
|  | Číslo pojištěnce | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | |  | | | | | | | | | |  | | | | | | | | |
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|  | Bydliště (adresa) vč. PSČ a kontaktního e-mail | | | | | | | | | | e-mail: tel.: | | | | | | | | | | | | | | | | | | | e-mail: tel.: | | | | | | | | | | | | | | | | | | |
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|  |  | | | | | Prohlašuji, že uvedené údaje jsou pravdivé. Beru na vědomí, že při změně pojišťovny do doby nástupu do léčebny pozbývá návrh platnosti. Byl jsem poučen o pravidlech pro úhradu dopravy. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |
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|  |  | | | | | Dne: | | | | | | | | | | | | | | | | | | | Podpis pacienta (zák. zástupce): | | | | | | | | | | | | | | | | | | | | | | | |
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|  |  | | | | | | | | | | | | | | | | | | | | | | | | |  | **STANOVISKO REVIZNÍHO LÉKAŘE** | | | | | | | | | | | | | | | | | | | | | |
|  | **Indikace / Typ:** | | | | | | | | |  | | | | | | | / | |  | | |  | | | |  |  | | | | | | | | | | | | | | | | | | | | | |
|  | **Diagnóza základní:** | | | | | | | | |  | | | | |  | |  | |  | | | | | | |  | Schvaluji léčebnu: | | | | | | | | | | | | | | | | | | | | | |  |
|  | **Diagnóza vedlejší:** | | | | | | | | |  | | | | |  | |  | |  | | | | | | |  | 1 | |  | | | | | | | | | | | | | | | | | |  | |  |
|  | Zdůvodnění požadavku na poskytnutí péče: | | | | | | | | | | | | | | | | | | | | | | | | |  |  | | | | | | | | | | | | | | | | | | | | | |
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|  | Navrhovaná léčebna: | | | | | | | | | | | | | | | | | | | | | | | | |  |  | | | | | | | | | | | | | | | | | | | | | |
|  | 1 | |  | | | | | | | | | | | | | | | | | | | | |  | |  | Upravuji – zamítám (důvod): | | | | | | | | | | | | | | | | | | | | | |
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|  |  |  | | | | | | | | | | | | | | | | | | | | | | |  |  |  | | | | | | jmenovka a podpis revizního lékaře | | | | | |  | | podpis a razítko pojišťovny | | | | |  | | |
|  | Dne: | | | | | | | | | razítko, jmenovka a podpis lékaře | | | | | | | | | | | | | | | |  | Dne: | | | | | |
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LÉKAŘSKÁ ZPRÁVA

A: DŮLEŽITÁ ANAMNESTICKÁ DATA (RA, OA, očkování, alergie, dřívější pobyt v léčebně)

RA (i sourozenci):

OA:

Očkování:

Alergie:

Předchozí pobyt v léčebně, lázeňské léčebně (kdy, ve které):

B: NO:

C: OBJEKTIVNÍ NÁLEZ A FUNKČNÍ STAV (event. odborná vložka nebo překladová zpráva):

D: LABORATORNÍ A EVENT. DALŠÍ VYŠETŘENÍ související s onemocněním, pro které je léčebna navrhována a nejsou uvedena v bodě C:

E: LÉKAŘEM DOPORUČENÉ ZVLÁŠTNÍ POŽADAVKY NA POBYT V LÉČEBNĚ (event. jiná sdělení):

VZP-17/2013

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|  | Kód pojišťovny | | | | | |  | IČP |  | | | | | | | | Odbornost | | | | | | | |  | | | |  | | | | | | | | Ev. číslo | | | |  | | | | | | | |  |
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|  |  | | | |  | |  | **NÁVRH NA LÉČEBNĚ REHABILITAČNÍ PÉČI**  **V ODBORNÉ LÉČEBNĚ – díl 2**  k vyúčtování | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Čís. návrhu | | | |  | | | | | | | |
|  |  | |  |  |  |  |  |  |  | |  |
|  |  | | | |  | | | Rok návrhu | | | | | | |  | | | | |
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|  |  | | | | | | | | | | **Pacient** | | | | | | | | | | | | | | | | | | | **Zák. zástupce** | | | | | | | | | | | | | | | | | | |
|  | Příjmení a jméno | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
|  | Číslo pojištěnce | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | |  | | | | | | | | | |  | | | | | | | | |
|  |  |  |  |  |  |  |  |  | |  |  | |  |  |  |  |  |  |  |  |  |  |
|  | Bydliště (adresa) vč. PSČ a kontaktního e-mail | | | | | | | | | | e-mail: tel.: | | | | | | | | | | | | | | | | | | | e-mail: tel.: | | | | | | | | | | | | | | | | | | |
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|  |  | | | | | Prohlašuji, že uvedené údaje jsou pravdivé. Beru na vědomí, že při změně pojišťovny do doby nástupu do léčebny pozbývá návrh platnosti. Byl jsem poučen o pravidlech pro úhradu dopravy. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |
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|  |  | | | | | Dne: | | | | | | | | | | | | | | | | | | | Podpis pacienta (zák. zástupce): | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  |  | | | | | | | | | | | | | | | | | | | | | | | | |  | **STANOVISKO REVIZNÍHO LÉKAŘE** | | | | | | | | | | | | | | | | | | | | | |
|  | **Indikace / Typ:** | | | | | | | | |  | | | | | | | / | |  | | |  | | | |  |  | | | | | | | | | | | | | | | | | | | | | |
|  | **Diagnóza základní:** | | | | | | | | |  | | | | |  | |  | |  | | | | | | |  | Schvaluji léčebnu: | | | | | | | | | | | | | | | | | | | | | |  |
|  | **Diagnóza vedlejší:** | | | | | | | | |  | | | | |  | |  | |  | | | | | | |  | 1 | |  | | | | | | | | | | | | | | | | | |  | |  |
|  | Zdůvodnění požadavku na poskytnutí péče: | | | | | | | | | | | | | | | | | | | | | | | | |  |  | | | | | | | | | | | | | | | | | | | | | |
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|  | Navrhovaná léčebna: | | | | | | | | | | | | | | | | | | | | | | | | |  |  | | | | | | | | | | | | | | | | | | | | | |
|  | 1 | |  | | | | | | | | | | | | | | | | | | | | |  | |  | Upravuji – zamítám (důvod): | | | | | | | | | | | | | | | | | | | | | |
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|  | Dne: | | | | | | | | | razítko, jmenovka a podpis lékaře | | | | | | | | | | | | | | | |  | Dne: | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |

LÉKAŘSKÁ ZPRÁVA

A: DŮLEŽITÁ ANAMNESTICKÁ DATA (RA, OA, očkování, alergie, dřívější pobyt v léčebně)

RA (i sourozenci):

OA:

Očkování:

Alergie:

Předchozí pobyt v léčebně, lázeňské léčebně (kdy, ve které):

B: NO:

C: OBJEKTIVNÍ NÁLEZ A FUNKČNÍ STAV (event. odborná vložka nebo překladová zpráva):

D: LABORATORNÍ A EVENT. DALŠÍ VYŠETŘENÍ související s onemocněním, pro které je léčebna navrhována a nejsou uvedena v bodě C:

E: LÉKAŘEM DOPORUČENÉ ZVLÁŠTNÍ POŽADAVKY NA POBYT V LÉČEBNĚ (event. jiná sdělení):

VZP-17/2013

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|  | Kód pojišťovny | | | | | |  | IČP |  | | | | | | | | Odbornost | | | | | | | |  | | | |  | | | | | | | | Ev. číslo | | | |  | | | | | | | |  |
|  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |
|  |  | | | |  | |  | **NÁVRH NA LÉČEBNĚ REHABILITAČNÍ PÉČI**  **V ODBORNÉ LÉČEBNĚ – díl 3**  reviznímu lékaři k dokumentaci | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Čís. návrhu | | | |  | | | | | | | |
|  |  | |  |  |  |  |  |  |  | |  |
|  |  | | | |  | | | Rok návrhu | | | | | | |  | | | | |
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|  |  | | | | | | | | | | **Pacient** | | | | | | | | | | | | | | | | | | | **Zák. zástupce** | | | | | | | | | | | | | | | | | | |
|  | Příjmení a jméno | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
|  | Číslo pojištěnce | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | |  | | | | | | | | | |  | | | | | | | | |
|  |  |  |  |  |  |  |  |  | |  |  | |  |  |  |  |  |  |  |  |  |  |
|  | Bydliště (adresa) vč. PSČ a kontaktního e-mail | | | | | | | | | | e-mail: tel.: | | | | | | | | | | | | | | | | | | | e-mail: tel.: | | | | | | | | | | | | | | | | | | |
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|  |  | | | | | Prohlašuji, že uvedené údaje jsou pravdivé. Beru na vědomí, že při změně pojišťovny do doby nástupu do léčebny pozbývá návrh platnosti. Byl jsem poučen o pravidlech pro úhradu dopravy. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |
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|  |  | | | | | Dne: | | | | | | | | | | | | | | | | | | | Podpis pacienta (zák. zástupce): | | | | | | | | | | | | | | | | | | | | | | | |
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|  |  | | | | | | | | | | | | | | | | | | | | | | | | |  | **STANOVISKO REVIZNÍHO LÉKAŘE** | | | | | | | | | | | | | | | | | | | | | |
|  | **Indikace / Typ:** | | | | | | | | |  | | | | | | | / | |  | | |  | | | |  |  | | | | | | | | | | | | | | | | | | | | | |
|  | **Diagnóza základní:** | | | | | | | | |  | | | | |  | |  | |  | | | | | | |  | Schvaluji léčebnu: | | | | | | | | | | | | | | | | | | | | | |  |
|  | **Diagnóza vedlejší:** | | | | | | | | |  | | | | |  | |  | |  | | | | | | |  | 1 | |  | | | | | | | | | | | | | | | | | |  | |  |
|  | Zdůvodnění požadavku na poskytnutí péče: | | | | | | | | | | | | | | | | | | | | | | | | |  |  | | | | | | | | | | | | | | | | | | | | | |
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|  | Navrhovaná léčebna: | | | | | | | | | | | | | | | | | | | | | | | | |  |  | | | | | | | | | | | | | | | | | | | | | |
|  | 1 | |  | | | | | | | | | | | | | | | | | | | | |  | |  | Upravuji – zamítám (důvod): | | | | | | | | | | | | | | | | | | | | | |
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|  | Dne: | | | | | | | | | razítko, jmenovka a podpis lékaře | | | | | | | | | | | | | | | |  | Dne: | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |

LÉKAŘSKÁ ZPRÁVA

A: DŮLEŽITÁ ANAMNESTICKÁ DATA (RA, OA, očkování, alergie, dřívější pobyt v léčebně)

RA (i sourozenci):

OA:

Očkování:

Alergie:

Předchozí pobyt v léčebně, lázeňské léčebně (kdy, ve které):

B: NO:

C: OBJEKTIVNÍ NÁLEZ A FUNKČNÍ STAV (event. odborná vložka nebo překladová zpráva):

D: LABORATORNÍ A EVENT. DALŠÍ VYŠETŘENÍ související s onemocněním, pro které je léčebna navrhována a nejsou uvedena v bodě C:

E: LÉKAŘEM DOPORUČENÉ ZVLÁŠTNÍ POŽADAVKY NA POBYT V LÉČEBNĚ (event. jiná sdělení):

VZP-17/2013

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|  | Kód pojišťovny | | | | | |  | IČP |  | | | | | | | | Odbornost | | | | | | | |  | | | |  | | | | | | | | Ev. číslo | | | |  | | | | | | | |  |
|  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |
|  |  | | | |  | |  | **NÁVRH NA LÉČEBNĚ REHABILITAČNÍ PÉČI**  **V ODBORNÉ LÉČEBNĚ – díl 4**  navrhujícímu lékaři k dokumentaci | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Čís. návrhu | | | |  | | | | | | | |
|  |  | |  |  |  |  |  |  |  | |  |
|  |  | | | |  | | | Rok návrhu | | | | | | |  | | | | |
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|  |  | | | | | | | | | | **Pacient** | | | | | | | | | | | | | | | | | | | **Zák. zástupce** | | | | | | | | | | | | | | | | | | |
|  | Příjmení a jméno | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
|  | Číslo pojištěnce | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | |  | | | | | | | | | |  | | | | | | | | |
|  |  |  |  |  |  |  |  |  | |  |  | |  |  |  |  |  |  |  |  |  |  |
|  | Bydliště (adresa) vč. PSČ a kontaktního e-mail | | | | | | | | | | e-mail: tel.: | | | | | | | | | | | | | | | | | | | e-mail: tel.: | | | | | | | | | | | | | | | | | | |
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|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | Prohlašuji, že uvedené údaje jsou pravdivé. Beru na vědomí, že při změně pojišťovny do doby nástupu do léčebny pozbývá návrh platnosti. Byl jsem poučen o pravidlech pro úhradu dopravy. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |
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|  |  | | | | | Dne: | | | | | | | | | | | | | | | | | | | Podpis pacienta (zák. zástupce): | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  |  | | | | | | | | | | | | | | | | | | | | | | | | |  | **STANOVISKO REVIZNÍHO LÉKAŘE** | | | | | | | | | | | | | | | | | | | | | |
|  | **Indikace / Typ:** | | | | | | | | |  | | | | | | | / | |  | | |  | | | |  |  | | | | | | | | | | | | | | | | | | | | | |
|  | **Diagnóza základní:** | | | | | | | | |  | | | | |  | |  | |  | | | | | | |  | Schvaluji léčebnu: | | | | | | | | | | | | | | | | | | | | | |  |
|  | **Diagnóza vedlejší:** | | | | | | | | |  | | | | |  | |  | |  | | | | | | |  | 1 | |  | | | | | | | | | | | | | | | | | |  | |  |
|  | Zdůvodnění požadavku na poskytnutí péče: | | | | | | | | | | | | | | | | | | | | | | | | |  |  | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | |  | 2 | |  | | | | | | | | | | | | | | | | | |  | |
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|  | Navrhovaná léčebna: | | | | | | | | | | | | | | | | | | | | | | | | |  |  | | | | | | | | | | | | | | | | | | | | | |
|  | 1 | |  | | | | | | | | | | | | | | | | | | | | |  | |  | Upravuji – zamítám (důvod): | | | | | | | | | | | | | | | | | | | | | |
|  |  |  | | | | | | | | | | | | | | | | | | | | | | |  |  |  | | | | | | | | | | | | | | | | | | | | | |
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|  |  |  | | | | | | | | | | | | | | | | | | | | | | |  |  |  | | | | | | jmenovka a podpis revizního lékaře | | | | | |  | | podpis a razítko pojišťovny | | | | |  | | |
|  | Dne: | | | | | | | | | razítko, jmenovka a podpis lékaře | | | | | | | | | | | | | | | |  | Dne: | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |

LÉKAŘSKÁ ZPRÁVA

A: DŮLEŽITÁ ANAMNESTICKÁ DATA (RA, OA, očkování, alergie, dřívější pobyt v léčebně)

RA (i sourozenci):

OA:

Očkování:

Alergie:

Předchozí pobyt v léčebně, lázeňské léčebně (kdy, ve které):

B: NO:

C: OBJEKTIVNÍ NÁLEZ A FUNKČNÍ STAV (event. odborná vložka nebo překladová zpráva):

D: LABORATORNÍ A EVENT. DALŠÍ VYŠETŘENÍ související s onemocněním, pro které je léčebna navrhována a nejsou uvedena v bodě C:

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