**FISA CABINET MEDICAL**

Nr. contract MF \_\_\_\_\_

**Furnizor** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medic** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Cod numeric personal**

**Grad profesional** medic **Cod parafa**

medic specialist

medic primar **Mediu :** Urban / Rural

**Adresa cabinetului**: Localitatea \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Sector\_\_\_\_\_\_\_\_

Strada\_\_\_\_\_\_\_\_\_\_\_\_\_Nr\_\_\_\_ Bl.\_\_\_\_\_\_\_Sc\_\_\_\_Ap\_\_\_

Spatiul este: inchiriat/comodat/proprietate/concesiune

Telefon cabinet \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telefon mobil \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Adresa e-mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Personalul medico-sanitar angajat – altul decat reprezentantul legal

|  |  |  |
| --- | --- | --- |
| **Nr** **crt** | Numele si prenumele | CNP |
|  |  |  |
|  |  |  |

Numarul de asigurati la data incheierii contractului \_\_\_\_\_\_\_

Numarul de persoane beneficiare ale pachetului minimal \_\_\_\_\_\_\_

Program de consultatii MEDIC DE FAMILIE

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | LUNI | MARTI | MIERCURI | JOI | VINERI |
| **CABINET**  Nr.ore \_\_\_\_ |  |  |  |  |  |
| PUNCT DE LUCRU |  |  |  |  |  |
| TEREN Nr.ore\_\_\_\_\_ \_\_\_\_\_\_ |  |  |  |  |  |

Program de consultatii PERSONAL MEDICO-SANITAR ANGAJAT

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| --- | --- | --- | --- | --- | --- |
|  | LUNI | MARTI | MIERCURI | JOI | VINERI |
| CABINET  Nr.ore \_\_\_\_ |  |  |  |  |  |
| PUNCT DE LUCRU |  |  |  |  |  |
| TEREN Nr.ore\_\_\_\_\_ \_\_\_\_\_\_ |  |  |  |  |  |

DATA SEMNATURA

…………………….