**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 |  |  |  |  |  |
| TERENNr.ore\_\_\_\_\_ \_\_\_\_\_\_ |  |  |  |  |  |

 Program de consultatii PERSONAL MEDICO-SANITAR ANGAJAT

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| --- | --- | --- | --- | --- | --- |
|  | LUNI | MARTI | MIERCURI | JOI | VINERI |
| CABINETNr.ore \_\_\_\_ |  |  |  |  |  |
| PUNCT DE LUCRU |  |  |  |  |  |
| TERENNr.ore\_\_\_\_\_ \_\_\_\_\_\_ |  |  |  |  |  |

DATA SEMNATURA

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