ANEXA 2

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

| CASA DE ASIGURĂRI DE SĂNĂTATE |

| ............................. |

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ADEVERINŢĂ

de înlocuire a cardului naţional de asigurări sociale de sănătate până la eliberarea cardului duplicat

1. Numele:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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2. Prenumele:

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3. CID:

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4. Numărul de identificare al cardului naţional de asigurări sociale de sănătate:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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5. Perioada de valabilitate a adeverinţei este de 60 de zile de la data eliberării acesteia şi încetează înainte de acest termen în momentul activării cardului duplicat.

Data eliberării \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

............... | Semnătura şi ştampila instituţiei |

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| Toate normele aplicabile datelor vizibile reluate pe cardul naţional de |

| asigurări sociale de sănătate şi referitoare la descriere, la valori şi la |

| lungimea câmpurilor de date, precum şi la observaţiile care se referă la |

| acestea se aplică şi adeverinţei. |

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