Vyhlásenie lekára o spôsobe dopravy

k prehliadke mŕtveho tela

Titul, meno a priezvisko lekára:

Adresa:

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| Por. číslo | Meno a priezvisko mŕtveho | Miesto úmrtia (prehliadky) | Dátum prehliadky | Spôsob dopravy k mŕtvemu telu | | |
| Hradená lekárom | | Dopravná služba (názov) |
| Km | náhrada |
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V \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ dňa \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Podpis a pečiatka