Forma patvirtinta

Lietuvos Respublikos sveikatos

apsaugos ministro 2013 m. rugpjūčio 30 d.

įsakymu Nr. V-835

„1 forma

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| |  |  | | --- | --- | | ASPĮ pavadinimas, adresas (gatvė, namo numeris, miestas, savivaldybė, valstybė),  telefonas (su tarptautiniu kodu) ir el. paštas  ar faksas (su tarptautiniu kodu) | Lietuvos Respublikos  sveikatos apsaugos ministerija |   RECEPTAS  Paciento duomenys   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  | | | |  | | | | | | |  | | | | | | | | | | | Vardas | | | | Pavardė | | | | | | | Gimimo data | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | Adresas (gatvė, namo numeris, miestas, savivaldybė, valstybė) arba ambulatorinės kortelės numeris | | | | | | | | | | | | | | | | | | | | | | Rp. | | | | | | | | | | | | Kaina | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | Išrašymo data |  |  |  | |  |  |  |  |  | Galioja iki | | |  |  |  |  |  |  |  |  | | metai, mėnuo, diena | | | | | | | | | metai, mėnuo, diena | | | | | | | |  |  |  | | --- | --- | | Gydytojo spaudas, parašas, telefonas (su tarptautiniu kodu) ir el. paštas ar faksas (su tarptautiniu kodu) |  | | Vaistinės spaudas  „Vaistai išduoti ... vaistinėje“ (vaistinės, jos filialo pavadinimas,  duomenys apie faktiškai išduotą (parduotą) vaistą (vaisto prekinis pavadinimas, stiprumas bei dozuočių kiekis)  vaistų išdavimo (pardavimo) data,  vaistą išdavusio (pardavusio) farmacijos specialisto spaudas ir parašas |  | |

Pastaba. Blankai turi būti spausdinami baltame A5 formato popieriuje.“