PATVIRTINTA

Lietuvos Respublikos odontologų rūmų 2012-10-11 Prezidiumo nutarimu Nr. 12/PN-24 Išduotų licencijų/deklaracijų atidavimo tvarkos Priedas Nr. 1

**(Prašymo atsiųsti licenciją/deklaraciją forma)**

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*(Asmens vardas ir pavardė)*

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 *(asmens kodas)*

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*(pašto kodas, gatvė, namo ir buto numeris, gyvenvietė, miestas, rajonas)*

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*(telefonas) (elektroninis paštas)*

Lietuvos Respublikos odontologų rūmų

Licencijavimo komisijai

**PRAŠYMAS ATSIŲSTI LICENCIJĄ/DEKLARACIJĄ**

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*(data)*

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*(sudarymo vieta)*

Prašau šiuo adresu \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *(pašto kodas, gatvė, namo ir buto numeris, gyvenvietė, miestas, rajonas)*

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registruotu laišku su įteikimu išsiųsti licenciją /deklaraciją (reikiamą pažymėti):

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odontologijos praktikos, burnos priežiūros specialisto praktikos licenciją

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patvirtintą Odontologų ir burnos priežiūros specialistų tobulinimosi ir profesinės praktikos deklaraciją

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odontologinės priežiūros (pagalbos) įstaigos licenciją \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 *(nurodyti įstaigos pavadinimą)*

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 *(parašas) (vardas ir pavardė)*