PATVIRTINTA

Lietuvos Respublikos odontologų rūmų

2012 m. spalio 11 d. Prezidiumo nutarimu Nr. 12/PN-24 Išduotų licencijų/deklaracijų atidavimo tvarkos

1 priedas

Pakeitimai:

2018 m. rugsėjo 28 d. Tarybos nutarimu Nr. 18/TN-66

**(Prašymo atsiųsti licenciją forma)**

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*(Asmens vardas ir pavardė)*

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 *(asmens kodas)*

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*(telefonas) (elektroninis paštas)*

Lietuvos Respublikos odontologų rūmų

Licencijavimo komisijai

**PRAŠYMAS ATSIŲSTI LICENCIJĄ**

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*(data)*

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

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

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registruotu laišku su įteikimu išsiųsti licenciją (reikiamą pažymėti):

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odontologijos praktikos, burnos priežiūros praktikos specialisto licenciją

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

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 *(nurodyti įstaigos pavadinimą)*

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 *(parašas) (vardas ir pavardė)*