Veselības un darbspēju ekspertīzes ārstu valsts komisijai

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(vārds, uzvārds)

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(personas kods)

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(adrese)

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(tālrunis)

IESNIEGUMS

Es, (vārds, uzvārds)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

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| --- |
|  |
| *(paraksts)* |
|  |
| *(vārds, uzvārds)* |
|  |
| *(datums)* |