**Zał. Nr 1. do umowy POZ**

**Grafik pracy lekarza**

Imię i nazwisko …………………………… **za m-c …………………….. 2023r.**

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| Dni miesiąca | Poniedziałek  Godz. | Wtorek  Godz. | Środa  Godz. | Czwartek  Godz. | Piątek  Godz. | Razem w  tygodniu |
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| **ŁĄCZNIE w miesiącu:** | | | | | |  |

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*(Podpis udzielającego zamówienie) (Podpis przyjmującego zamówienie)*