**Zał. Nr 1. do umowy POZ**

**Grafik pracy lekarza**

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

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| Dni miesiąca | PoniedziałekGodz. | WtorekGodz. | Środa Godz. | CzwartekGodz. | PiątekGodz. | Razem wtygodniu |
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| **ŁĄCZNIE w miesiącu:** |  |

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