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| ПРИЛОЖЕНИЕ № 1 к ДОГОВОРУ  НА ОКАЗАНИЕ ПЛАТНЫХ МЕДИЦИНСКИХ УСЛУГ | | | | | | | | | | | | | | |
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| № | Наименование работы (услуги) | | | | | | | | | Период оказания | Стоимость в руб. | | Общая стоимость, руб. | |
| 1 |  | | | | | | | | |  |  | |  | |
| 2 |  | | | | | | | | |  |  | |  | |
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| Итого общая стоимость составляет руб. | | | | | | | | | | | | | | |
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| Исполнитель: | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |  | Заказчик: | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
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