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| **ЗАПОВЕД № ......./........**    на ..................................................................................................................................................*(наименование на заявителя)*    Адрес на управление:  гр./с. ......................................................................................, пощенски код ...........................................,  община ..................................................................................................................................................  ул./бул. ............................................................................................................................. № .....................,  ЕИК: ...................................................................................................................................................  Да се извърши бракуването и организиране на унищожаването на следните лекарствени продукти:     |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | Наименование | Лекарствена форма | Производител | Партида | Количество | Цена | Обща стойност | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |   поради: .........................................................................................................................................................*(причина)*  от следните длъжностни лица:  1. ...................................................................................................................................................................  *(име, фамилия, длъжност)*  2. ...................................................................................................................................................................  *(име, фамилия, длъжност)*  3. ...................................................................................................................................................................  *(име, фамилия, длъжност)*  Дата: ................                                                                                   Подпис: ..................                                                                                                                                                         печат |