РЕЦЕПТУРНЫЙ БЛАНК

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| Министерство здравоохранения |  |
| Российской Федерации | МЕСТО ДЛЯ ШТРИХ-КОДА |

Медицинская организация

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| Штамп | | | |  |  |  |  |  |  | | | | | | | УТВЕРЖДЕНА |
|  | | | | | | | | | | | | | | | | приказом Министерства здравоохранения Российской Федерации от 20 декабря 2012 года N 1175н |
| Код ОГРН | | | | | | | | | | | | | | | | Код формы по ОКУД 3108805 |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | **Форма** **N 148-1/у-06 (л)** |

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| Код категории граждан | | | | | | Код нозологической | | | | | | | | Источник финансирова- | | | % оплаты из источника | | | | Рецепт действителен в | | | | | | | |
|  | | | | | | формы | | | | | | | | ния: | | | финансирования: | | | | течение | | | | | | | |
|  |  |  |  | |  | (по МКБ-10) | | | | | | | | 1) федеральный бюджет | | | 1) 100% 2) 50% (нужное | | | | 15 дней, 30 дней, | | | | | | | |
|  | | | | | |  |  |  |  |  |  | |  | 2) бюджет субъекта Российской | | | подчеркнуть) | | | | 90 дней (нужное подчеркнуть) | | | | | | | |
|  | | | | | |  | | | | | | | | Федерации 3) муниципальный бюджет (нужное подчеркнуть) | | |  | | | |  | | | | | | | |
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| РЕЦЕПТ | | | |  | | | | | | | | Серия | | |  | N |  | от |  |  |  |  |  |  |  |  |  |  |

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| Ф.И.О. пациента | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Дата рождения | | |  | |  | |  | |  |  | |  |  | |  |  | |  |  | | | | | | СНИЛС | | | |  | |  | |  |  | |  | |  | |  |  |  |  |  |  |  | |  |
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| N полиса обязательного медицинского страхования | | | | | | | | | | |  | |  | |  | |  | |  |  | |  | |  |  |  |  |  | |  | |  | |  | |  |  | |  | |  |  |  |  |  |  | |  |
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| Номер медицинской карты пациента, получающего медицинскую помощь в амбулаторных условиях | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |
| Ф.И.О. лечащего врача | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Код лечащего врача | | | | | | | | | |  | |  | |  | |  | |  | | |  | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Выписано: | | | | | |  | | | | | | | | | | | | | | | | (заполняется специалистом аптечной организации) | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Rp: |  | | | | | | | | | | | | | | | | | | | | | | | Отпущено по рецепту: | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | |  | | Дата отпуска | | | | | | |  | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | |  | | Код лекарственного | | | | | | | | | | |  | | | | | | | | | | | | | |
| D.t.d. | | | | | | | | | | | | | | | | | | | | | |  | | препарата | | | | |  | | | | | | | | | | | | | | | | |  | | |
| Дозировка | | | |  | | | | | | | | | | | | | | | | | |  | | Торговое наименование | | | | | | | | | | | |  | | | | | | | | | |  | | |
| Количество единиц | | | | | | | | |  | | | | | | | | | | | | |  | |  | | | | | | | | | | | | | | | | | | | | | |  | | |
| Signa | |  | | | | | | | | | | | | | | | | | | | |  | |  | | | | | | | | | | | | | | | | | | | | | |  | | |
| Подпись лечащего врача | | | | | | | | | | | | | | | | | | | | | |  | | Количество | | | | | | |  | | | | | | | | | | | | | | |  | | |
| и личная печать лечащего врача | | | | | | | | | | | | | | | |  | | | | | |  | | На общую сумму | | | | | | |  | | | | | | | | | | | | | | |  | | |
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| …………………………………………….. | | | | | | | | | | | | | | | | | | | | (линия отрыва) | | | | | | | ………………………………………………………. | | | | | | | | | | | | | | | | | | | | | |
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| Корешок РЕЦЕПТА | | | | | | | | | | | | |  | | | | | | Серия | | | | |  | | | | | | | | | | | | | | N | |  | | | | | | | от | |
| Способ применения: | | | | | | | | | | | | |  | | | | | |  | | | | | Наименование лекарственного | | | | | | | | | | | | | | | | | | | | | | |  | |
| Продолжительность | | | | | | | | | | | | |  | | | | | | дней | | | | | препарата | | | | | | | | | | | | | | | | | | | | | | |  | |
| Количество приемов в день | | | | | | | | | | | | |  | | | | | | раз | | | | |  | | | | | | | | | | | | | | | | | | | | | | |  | |
| На 1 прием | | | |  | | | | | | | | | | | | | | | ед. | | | | | Дозировка | | | | |  | | | | | | | | | | | | | | | | | |  |  |