

Republika Srbija

Оpština Kosjerić
Broj:
Datum:\_\_\_\_\_\_\_\_\_\_\_\_\_\_.g

 **SAVETNIKU PACIJENATA - PRIGOVOR**

Vreme i mesto : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ime, prezime i adresa podnosioca prigovora:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ime, prezime PACIJENTA \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ime jednog roditelja\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_datum rodjenja\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Popis dokumenata koja se prilažu uz prigovor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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**Opis**

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Prigovor podneo: Potpis podnosioca prigovora:

Adresa i br telefona :

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