**Čestné prohlášení Poskytovatele Zdravotních Služeb (PZS) k využívání objednacího systému**

Jméno a adresa Zdravotnického Zařízení (ZZ): \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

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IČZ : \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

Čestně prohlašuji a svým podpisem potvrzuji, že ve své ambulanci klinické logopedie, tedy ve zdravotnickém zařízení, používám k objednání pacientů v roce 2023 objednací systém.

Poskytovatel zdravotních služeb (PZS)

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V/Ve \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ dne \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_