*Līguma par stacionārās veselības aprūpes*

*pakalpojumu sniegšanu un apmaksu 6.1.27.punkts*

*VEIDLAPA*

**Peritoneālās dialīzes pacientu saraksts**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Mēnesis \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | |  |  |  |  |  | | |  | |  |  |  |
|  |  |  |  |  |  |  |  | | |  | |  |  |  |
| **Ārstniecības iestāde \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | |  |  |  |  | | |  | |  |  |  |
|  |  |  |  |  |  |  |  | | |  | |  |  |  |
| **Nr. p. k.** | **Informācija par pacientu** | | Piegādes vieta (adrese)\* | Pacients saņem peritoneālās dialīzes ārstniecības līdzekļus | PD ir uz laiku pārtraukta | Izslēgts no saraksta (pārcelts uz HD) | Izslēgts no saraksta (transplantēts) | | | Izslēgts no saraksta (miris) | | PD katetrs ir implantēts, bet dialīze nav uzsākta | t.sk., jauns pacients | Piezīmes |
| **Vārds, uzvārds** | **Personas kods** | (ražotāja nosaukums |
| 1 |  |  |  |  |  |  |  | | |  | |  |  |  |
| 2 |  |  |  |  |  |  |  | | |  | | X | X |  |
| 3 |  |  |  |  | X |  |  | | |  | |  |  |  |
| 4 |  |  |  |  |  |  | X | | |  | |  |  |  |
| u.t.t. |  |  |  |  |  |  |  | | |  | |  |  |  |
|  |  |  |  |  |  |  |  | | |  | |  |  |  |
|  | Ārstniecības iestādes atbildīgā persona | | | | |  |  | |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  | |  |  |  |  |  |  |
|  | *Amats, paraksts, tā atšifrējums* | |  |  |  |  |  | |  |  |  |  |  |  |
|  | *tālrunis* |  |  |  |  |  |  | |  |  |  |  |  |  |
|  | Datums |  |  |  |  |  |  | |  |  |  |  |  |  |
| **Pasūtītāji:** | |  |  |  |  |  |  | |  |  |  | **Ārstniecības iestāde:** | |  |
|  |  |  |  |  |  |  |  | |  |  |  |  |  |  |
| .................... | | | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |  |  | \_\_\_\_\_\_\_\_\_\_\_\_ |  |
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| ..................... | | | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |  |  |  |  |
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| ..................... | | | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |  |  | ..................... |  |
|  | | | | | | |  | | | |  |  |  |  |
| *....................* | | | | | | |  | | | |  |  |  |  |

\*) Piegādes vieta (adrese), kurā Piegādātājam jānodrošina piegāde, saskaņā ar ārstniecības iestādes pasūtījumu ir pacienta dzīves vietā vai ārstniecības iestādē

visā Latvijas Republikas teritorijā.