**Председателю Правления**

**АО «АСТРАМЕД-МС» (СМК)**

**Шандалову Г.А.**

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№ полиса ОМС

Обращение.

На медицинскую организацию:

Наименование МО

Адрес МО

Суть обращения:

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**Цель обращения:**

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подпись ФИО