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| Lp. | Imię i nazwisko | PESEL | Numer prawa wykonywania zawodu | Stopień specjalizacji | Kwalifikacje/ nazwa specjalności | telefon | Adres e-mail |
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 **Załącznik nr 3**

do szczegółowych warunków konkurs ofert

(załącznik nr 1 do umowy)

**Wykaz lekarzy wykonujących opisy badań**