ЛПУ: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ПОРЦИОННИК

На питание пациентов \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_отделения

на « \_\_\_ » \_\_\_\_\_\_\_\_\_\_\_\_ 20 \_\_\_ г.

по состоянию на « \_\_\_ » \_\_\_\_\_\_\_\_\_\_\_\_ 20 \_\_\_ г.

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| № палаты | ФИО пациента | Состояние, режим | диета | Дополнительное питание |
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|  Итого пациентов: |

Подпись медицинской сестры: