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| **CZĘŚĆ A** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (wypełnia Wojewódzka Komisja do Spraw Orzekania o Zdarzeniach Medycznych w Krakowie) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 01. Data wpływu wniosku | | | | | | | | | | | | | |  |  |  |  |  |  | 02. Sygnatura akt | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  | 03. Podpis osoby przyjmującej wniosek | | | | | | | | | | | | | | | | | | | |
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| **CZĘŚCI B-H** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (wypełnia podmiot składający wniosek: pacjent lub jego przedstawiciel ustawowy, a w przypadku śmierci pacjenta - spadkobierca/y pacjenta,  spadkobierca reprezentujący pozostałych spadkobierców, pełnomocnik) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **CZĘŚĆ B** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | **DANE PACJENTA** | | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | 01. Imię | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 02. Nazwisko | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | 03. Data urodzenia /dd/mm/rrrr/ | | | | | | | | | | | | | | | |  |  |  |  |  | 04. Numer PESEL | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | 05. Rodzaj dokumentu tożsamości (jeżeli posiada) | | | | | | | | | | | | | | | | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  | 06. Seria i numer dokumentu | | | | | | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |
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|  | **DANE PRZEDSTAWICIELA USTAWOWEGO (jeżeli dotyczy)** (w szczególności są nim: **rodzice** - w przypadku małoletniego dziecka, **opiekunowie** - w przypadku osoby ubezwłasnowolnionej całkowicie oraz małoletniego dziecka, gdy zachodzą ku temu powody, **kurator,** inni) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | 01. Imię | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 02. Nazwisko | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | **DANE WSZYSTKICH SPADKOBIERCÓW (uzupełnia się w przypadku, gdy doszło do śmierci pacjenta)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |  |  |  |  |
|  | 01. Imię | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 02. Nazwisko | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | 03. Imię | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 04. Nazwisko | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | 05. Imię | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 06. Nazwisko | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | 07. Imię | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 08. Nazwisko | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | 09. Imię | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 10. Nazwisko | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | 11. Imię | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 12. Nazwisko | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | **WSKAZANIE, KTÓRY ZE SPADKOBIERCÓW REPREZENTUJE POZOSTAŁYCH W POSTĘPOWANIU PRZED WOJEWÓDZKĄ KOMISJĄ DO SPRAW ORZEKANIA O ZDARZENIACH MEDYCZNYCH** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 01. Imię | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 02. Nazwisko | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | Do niniejszego wniosku należy dołączyć: | | | | | | | | | | | | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  | |  | Postanowienie o stwierdzeniu nabycia spadku w przypadku śmierci pacjenta (1) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  |  | |  | Pełnomocnictwo do reprezentowania pozostałych spadkobierców, w przypadku złożenia wniosku przez co | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  |  |  |  | najmniej jednego z nich (1) (wzór pełnomocnictwa stanowi załącznik do wniosku) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |
|  | **WSKAZANIE PEŁNOMOCNIKA, JEŻELI ZOSTAŁ USTANOWIONY** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |  |  |
|  | 01. Imię | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 02. Nazwisko | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | 03. Nazwa kancelarii w przypadku ustanowienia profesjonalnego pełnomocnika | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | Do niniejszego wniosku należy dołączyć: | | | | | | | | | | | | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  | |  | Pełnomocnictwo do reprezentowania pacjenta lub jego przedstawiciela ustawowego, spadkobiercy/ów (1) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |  |  |  |  |  |
|  | **ADRES DO DORĘCZEŃ** (1) | | | | | | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  |  |  | pacjenta | | | | |  |  | przedstawiciela ustawowego | | | | | | | | | | | | |  | | spadkobiercy reprezentującego pozostałych spadkobierców | | | | | | | | | | | | | | | | | | | | | | | | | |  |  | | pełnomocnika | | | | | | | |
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|  | 01. Kraj | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 02. Miejscowość | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | 03. Ulica/osiedle | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 04. Numer domu | | | | | | | | |  |  |  |  |  |  | 05. Numer lokalu | | | | | | | | |  |  |  |
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|  | 06. Kod pocztowy | | | | | | | | | |  |  |  |  | 07. Poczta | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 08. Telefon kontaktowy\* | | | | | | | | | | | | |  |  |  |  |  |  |  |
|  |  | |  | | **-** |  | |  | |  | |  |  |  |  | | | | | | | | | | | | | | | | | | | | | | | |  |  |  |  | | | | | | | | | | | | | | | | | | |  |
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|  | **ADRES PODMIOTU SKŁADAJĄCEGO WNIOSEK \*(jeżeli jest inny niż adres do doręczeń)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | 01. Kraj | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 02. Miejscowość | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | 03. Ulica/osiedle | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 04. Numer domu | | | | | | | | |  |  |  |  |  |  | 05. Numer lokalu | | | | | | | | |  |  |  |
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|  | 06. Kod pocztowy | | | | | | | | | |  |  |  |  | 07. Poczta | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 08. Telefon kontaktowy\* | | | | | | | | | | | | |  |  |  |  |  |  |  |
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| **CZĘŚĆ C** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **DANE PODMIOTU LECZNICZEGO PROWADZĄCEGO SZPITAL** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | **FIRMA / NAZWA PODMIOTU LECZNICZEGO PROWADZĄCEGO SZPITAL** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | **NAZWA SZPITALA, KTÓREGO WNIOSEK DOTYCZY** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | **ODDZIAŁ\*** | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | **ADRES SIEDZIBY PODMIOTU LECZNICZEGO PROWADZĄCEGO SZPITAL / ADRES SZPITALA (jeżeli dotyczy)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 01. Kraj | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 02. Miejscowość | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | 03. Ulica/osiedle | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 04. Numer domu | | | | | | | | |  |  |  |  |  |  | 05. Numer lokalu | | | | | | | | |  |  |  |
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|  | 06. Kod pocztowy | | | | | | | | | |  |  |  |  | 07. Poczta | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **CZĘŚĆ D** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **UZASADNIENIE WNIOSKU ZAWIERAJĄCE UPRAWDOPODOBNIENIE ZDARZENIA, KTÓREGO NASTĘPSTWEM BYŁO ZAKAŻENIE, USZKODZENIE CIAŁA, ROZSTRÓJ ZDROWIA ALBO ŚMIERĆ PACJENTA ORAZ SZKODY MAJĄTKOWEJ LUB NIEMAJĄTKOWEJ** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | **UWAGA!!! WNIOSEK NIE MOŻE DOTYCZYĆ ZDARZENIA SPRZED 1 STYCZNIA 2012 ROKU** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **CZĘŚĆ E** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **WSKAZANIE PRZEDMIOTU WNIOSKU (1)** (można zaznaczyć więcej niż jeden przedmiot wniosku) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  |  | |  | **Zakażenie** | | | | | |  |  |  |  |  | |  | **Uszkodzenie ciała** | | | | | | | | | |  |  |  |  |  | |  | **Rozstrój zdrowia** | | | | | | | | | |  |  |  |  | |  | **Śmierć pacjenta** | | | | | | | | |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **CZĘŚĆ F** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **WSKAZANIE WYSOKOŚCI PROPOZYCJI ODSZKODOWANIA** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (wypełnia podmiot składający wniosek **wpisując słownie** propozycję wysokości odszkodowania i zadośćuczynienia) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **UWAGA!!! PROPONOWANA WYSOKOŚĆ ODSZKODOWANIA I ZADOŚĆUCZYNIENIA NIE MOŻE BYĆ WYŻSZA NIŻ:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | 100.000 zł - w przypadku zakażenia, uszkodzenia ciała lub rozstroju zdrowia pacjenta | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | słownie: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | 300.000 zł - w przypadku śmierci pacjenta | | | | | | | | | | | | | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | słownie: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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| **CZĘŚĆ G** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **ZAŁĄCZNIKI DO WNIOSKU (1)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **PODMIOT SKŁADAJĄCY WNIOSEK ZAŁĄCZA DO WNIOSKU NIŻEJ WYMIENIONE DOKUMENTY:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |  |  |  |  |
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|  |  | |  | Dowody uprawdopodobniające okoliczności wskazane we wniosku | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  | (proszę wymienić w miarę możliwości te dowody) | | | | | | | | | | | | | | | | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  |  | |  | Potwierdzenie uiszczenia opłaty w wysokości 200 zł | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  |  |  |  |  | wpłata na rachunek | | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  | Małopolskiego Urzędu Wojewódzkiego w Krakowie, 31-156 Kraków, ul. Basztowa 22, | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  | prowadzony przez Narodowy Bank Polski O/O Kraków, | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  | nr rachunku: **08 1010 1270 0051 2222 3100 0000** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **CZĘŚĆ H** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **WSKAZANIE ŚWIADKÓW, INNYCH DOWODÓW (\*)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Podmiot składający wniosek może wskazać osoby, które Wojewódzka Komisja w celu wydania orzeczenia może wezwać do złożenia wyjaśnień, a które mogą posiadać informacje istotne dla prowadzonego postępowania:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | 01. Imię | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 02. Nazwisko | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | 03. Kraj | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 04. Miejscowość | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | 05. Ulica/osiedle | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 06. Numer domu | | | | | | | | |  |  |  |  |  |  | 07. Numer lokalu | | | | | | | | |  |  |  |
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|  | 08. Kod pocztowy | | | | | | | | | |  |  |  |  | 09. Poczta | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | 01. Imię | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 02. Nazwisko | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | 03. Kraj | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 04. Miejscowość | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | 05. Ulica/osiedle | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 06. Numer domu | | | | | | | | |  |  |  |  |  |  | 07. Numer lokalu | | | | | | | | |  |  |  |
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|  | 03. Kraj | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 04. Miejscowość | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | 05. Ulica/osiedle | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 06. Numer domu | | | | | | | | |  |  |  |  |  |  | 07. Numer lokalu | | | | | | | | |  |  |  |
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| **Podmiot składający wniosek może ponadto wskazać inne wnioski dowodowe np.: - wniosek o opinię lekarza z danej dziedziny medycyny,  - o dodatkową dokumentację medyczną z innych podmiotów (w takim przypadku należy oznaczyć te podmioty).** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| / imię i nazwisko / | | | | | | | | | | | | | | |  |  | / miejscowość, data / | | | | | | | | | | | | | | |  |  |  |  | / podpis podmiotu składającego wniosek / | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **OŚWIADCZENIE (1)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **OŚWIADCZAM, ŻE W ZWIĄZKUZ TYM SAMYM ZDARZENIEM:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  |  | | | |  | NIE TOCZY SIĘ POSTĘPOWANIE W PRZEDMIOCIE ODPOWIEDZIALNOŚCI ZAWODOWEJ OSOBY WYKONUJĄCEJ ZAWÓD MEDYCZNY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  |  | | | |  | NIE TOCZY SIĘ POSTĘPOWANIE KARNE W SPRAWIE O PRZESTĘPSTWO | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  |  | | | |  | PRAWOMOCNIE NIE OSĄDZONO SPRAWY O ODSZKODOWANIE LUB ZADOŚĆUCZYNIENIE PIENIĘŻNE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  |  | | | |  | NIE TOCZY SIĘ POSTĘPOWANIE CYWILNE W SPRAWIE O ODSZKODOWANIE LUB ZADOŚĆUCZYNIENIE PIENIĘŻNE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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| **OŚWIADCZENIE (1)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Wraz ze zwrotem wniosku bez rozpatrzenia, a także w przypadku umorzenia postępowania oraz w przypadku orzeczenia o zdarzeniu medycznym, gdy Wojewódzka Komisja tak postanowi, Małopolski Urząd Wojewódzki w Krakowie dokonuje zwrotu wniesionej opłaty w sposób wskazany w niniejszym oświadczeniu. Zwrotu opłaty należy dokonać: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  |  | |  | przekazem pocztowym na adres wskazany poniżej | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  |  |  |  |  | 01. Imię | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 02. Nazwisko | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  |  |  |  |  | 03. Kraj | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 04. Miejscowość | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  |  |  |  |  | 08. Kod pocztowy | | | | | | | | | |  |  |  |  | 09. Poczta | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  |  | |  | przelewem na rachunek bankowy | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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