Главному врачу

ООО «Альянс Клиник»

И.В. Гордеевой

**ЗАЯВЛЕНИЕ**

**на выдачу справки об оплате медицинских услуг**

**для представления в налоговый орган**

Прошу Вас предоставить справку об оплате медицинских услуг для представления в налоговые органы Российской Федерации за оказанные медицинские услуги в ООО «Альянс Клиник» за \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ .

 (указать отчетный год)

1. Данные физического лица (налогоплательщика):

 (Заполнять печатными буквами)

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Фамилия

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Имя

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Отчество

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ИНН Дата рождения

Сведения о документе, удостоверяющем личность:

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Серия, номер паспорта Дата выдачи

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Номер телефона

2. Данные физического лица, **которому оказаны медицинские услуги** (пациента):

 (Заполняется в случае, если налогоплательщик и пациент не одно лицо)

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Фамилия

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Имя

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ИНН Дата рождения

Сведения о документе, удостоверяющем личность:

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Серия, номер паспорта Дата выдачи

3. Предпочтительная форма получения справки:

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|  | Филиал на Сурова |
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|  | Филиал на Бебеля |
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|  | По электронной почте |

Подпись \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Дата \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_