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| **BRUK BLOKKBOKSTAVER. Vennligst ikke bruk tape eller stift på kvitteringer** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Opplysninger om pasienten (må fylles ut)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Etternavn | | | | | | | | | | | | | | | | | | | | Fornavn/mellomnavn | | | | | | | | | | | | | | | | | | | | |
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| **Utgifter til behandling i henhold til vedlagt dokumentasjon** | | | | |
| **Timeavtale dato** | **Timeavtale**  **klokkeslett** | **Medikament** | **Vedlegg nr.** | **Beløp** |
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| **Dokumentasjon: Innkallingsbrev** | | | | |

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| **Eventuelle merknader** |
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| **Utbetaling (må fylles ut)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Refusjonen utbetales til kontonummer: | | | | | |  | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
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| Navn på kontoinnehaver: |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Kontoinnehavers adresse: |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| **Underskrift** | | | | |
| Jeg bekrefter at opplysningene er korrekte. | | | | |
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| Dato |  | Sted |  | Underskrift |

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| Skjema og kvitteringer sendes til: | Sykehuset Østfold  Regnskapsavdelingen  Postboks 300  1714 Grålum |

**Slutt på Skjema**