Приложение № 2
к Приказу Министерства
здравоохранения и социального
развития Российской Федерации
от 26.01.2009 № 18

Учетная документация

**Форма № 58-ДТП-2/у**

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|  |  | Утверждена ПриказомМинздравсоцразвития Россииот 26.01.2009 № 18 |
| (наименование медицинской организации) |  |
|  |  |
| (адрес, телефон) |  |

Представляется в орган внутренних дел Российской Федерации
по месту нахождения медицинской организации

**Извещение
о раненом в дорожно-транспортном происшествии,
обратившемся или доставленном в медицинскую организацию**

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| 1. | Ф.И.О. пострадавшего: |  |

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| 2. | Пол: М 1 |  | , Ж 2 |  |

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| 3. | Дата рождения: |  |  |  | **.** |  |  |  | **.** |  |  |  |  |  |  |  |

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| 4. | Дата обращения в медицинскую организацию: |  |  |  | **.** |  |  |  | **.** |  |  |  |  |  |  |  |

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| 5. | Дата госпитализации: |  |  |  | **.** |  |  |  | **.** |  |  |  |  |  |  |  |

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| 6. | Дата дорожно-транспортного происшествия: |  |  |  | **.** |  |  |  | **.** |  |  |  |  |  |  |  |

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| 7. | Диагноз при обращении: |  |

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|  |  | , код по МКБ-10 |  |  |  |  |  |  |  |  |  |

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| 8. | Внешняя причина транспортного несчастного |
|  | случая: |  |

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|  |  | , код внешней причины по МКБ-10 |  |  |  |  |  |  |  |  |  |

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| 9. | Дата перевода раненого: |  |  |  | **.** |  |  |  | **.** |  |  |  |  |  |  |  |

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| 10. | Наименование медицинской организации, куда переведен раненый |
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| 11. | Диагноз при переводе в другую медицинскую организацию: |
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| “ |  | ” |  | 200 |  | г. |  |  |  |  |
| (дата заполнения извещения) |  | (подпись) |  | (фамилия, должность медицинского работника, составившего извещение) |