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 Приказом Минздравсоцразвития России от 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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| (дата заполнения извещения) | | | | | | |  | (подпись) |  | (фамилия, должность медицинского работника, составившего извещение) |