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Naziv organa

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Adresa

**PRIGOVOR**

savetniku za zaštitu prava pacijenata

Na osnovu Zakona o pravima pacijenata, podnosim prigovor savetniku za prava pacijenata protiv

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 (naziv i adresa zdravstvene ustanove)

Obrazloženje[[1]](#footnote-1)

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Smatram da su na ovaj način moja prava kao pacijenta prekršena.

Zahtevam da me savetnik u razumnom roku, nakon utvrđivanja svih relevantnih činjenica i okolnosti, obavesti pisanim putem o postupanju i preduzetim merama u vezi sa ovim prigovorom.

Prilozi[[2]](#footnote-2)

1) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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U \_\_\_\_\_\_\_\_\_\_, dana \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Podnosilac prigovora

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Adresa

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E-mail

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Broj telefona

1. Opisati način na koji Vam je uskraćeno pravo na zdravstvenu zaštitu ili Vam je postupkom zdravstvenog radnika, odnosno zdravstvenog saradnika, uskraćeno neko od prava iz oblasti zdravstvene zaštite [↑](#footnote-ref-1)
2. Prilog kojim dokazujete svoje tvrdnje iznete u prigovoru može biti medicinska dokumentacija, slika, elektronska prepiska sa zdravstvenom ustanovom, izjava svedoka i sl. [↑](#footnote-ref-2)