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| №п\п | Ф.И.О.студента | Датаначалапрактики | Датаокончания практики | Оценказа работу | Подпись непосредственного руководителя |
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Общий руководитель практики \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (подпись) **М. П.**Зам. директора по практическому обучению Мыльникова Н.А.  |

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имени Героя Советского Союза Ф. А. Пушиной

Министерства здравоохранения Удмуртской Республики»

**ПУТЕВКА № \_\_\_\_\_\_\_\_**

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Специальности  **«Фармация»**

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на срок с **« 21 » октября 2019 г.** по **« 26 » октября 2019 г.**

Наименование практики **Производственная практика**

 **ПМ.01 МДК 01.01.1 «Фармакология»**

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