**NACRT**

Na temelju članka 24. stavka 3. Zakona o obveznom zdravstvenom osiguranju i zdravstvenoj zaštiti stranaca u Republici Hrvatskoj (»Narodne novine« br. 80/13. i 15/18), ministar zdravstva donosi

**PRAVILNIK**

**O NAČINU PRUŽANJA ZDRAVSTVENE ZAŠTITE STRANCU KOJI NEZAKONITO BORAVI U REPUBLICI HRVATSKOJ**

I. OPĆE ODREDBE

Članak 1.

(1) Ovim Pravilnikom propisuje se način pružanja zdravstvene zaštite strancu koji nezakonito boravi u Republici Hrvatskoj i za kojeg je donesena odluka u vezi s povratkom.

(2) Izrazi koji se koriste u ovom Pravilniku, a imaju rodno značenje bez obzira na to jesu li korišteni u muškom ili ženskom rodu, obuhvaćaju na jednak način muški i ženski rod.

Članak 2.

(1) Osobi iz članka 1. ovoga Pravilnika zatečenoj pri nezakonitom prelasku državne granice ili zaticanju u nezakonitom boravku na teritoriju Republike Hrvatske pružit će se, po potrebi,  hitna i prijeko potrebna zdravstvena zaštita u najbližoj zdravstvenoj ustanovi i kod zdravstvenih radnika privatne prakse u mreži javne zdravstvene službe.

(2) Troškove zdravstvene zaštite, uključujući i troškove hitnog prijevoza u odgovarajuću zdravstvenu ustanovu te zdravstveno zbrinjavanje za vrijeme prijevoza, obvezna je osobno snositi osoba iz stavka 1. ovoga članka odmah odnosno najkasnije prije otpusta s liječenja.

(3) Ako troškove zdravstvene zaštite iz stavka 2. ovoga članka nije moguće naplatiti, zdravstvena ustanova i zdravstveni radnik privatne prakse iste će naplatiti iz državnog  proračuna Republike Hrvatske s pozicije ministarstva nadležnog za zdravstvo, uz priloženi dokaz da se radi o osobi  iz stavka 1. ovoga članka.

(4) Iznimno, za osobu iz članka 1. ovoga Pravilnika - dijete bez pratnje, troškovi zdravstvene zaštite isplaćuju se iz državnog proračuna Republike Hrvatske s pozicije ministarstva nadležnog za zdravstvo.

Članak 3.

(1) Osobi iz članka 1. ovoga Pravilnika osigurava se svakodnevna zdravstvena zaštita u Prihvatnom centru za strance (u daljnjem tekstu: Prihvatni centar), koju provodi liječnik odnosno medicinska sestra/ tehničar.

(2) Ako je u Prihvatnom centru smještena osoba koja sukladno Zakonu o obveznom zdravstvenom osiguranju i zdravstvenoj zaštiti stranaca u Republici Hrvatskoj pripada ranjivoj skupini, opseg prava na zdravstvenu zaštitu ostvaruje sukladno podzakonskom propisu, kojim se uređuje zdravstvena zaštita ranjivih skupina.

II. PRIJAM U PRIHVATNI CENTAR

Članak 4.

(1) Osobi iz članka 1. ovoga Pravilnika pri smještaju u Prihvatni centar uz mjere osobne higijene (pranje i izmjena odjeće) provodi se dezinsekcija odjeće kao i, po potrebi, dezinsekcija same osobe pri čemu je potrebno uključiti kosu i ostale obrasle dijelove tijela.

(2) U svrhu utvrđivanju akutnih zaraznih bolesti i potrebne eventualne izolacije zdravstveni radnik u Prihvatnom centru obavlja medicinsku trijažu radi utvrđivanja epidemiološke anamneze (povišena tjelesna temperatura, proljev, povraćanje, kašalj, osip (kože/sluznice).

(3) Utvrđena epidemiološka anamneza upisuje se u obrazac koji je tiskan u Prilogu I. ovoga Pravilnika i njegov je sastavni dio.

III. ZDRAVSTVENI PREGLED

Obvezni pregled

Članak 5.

(1) Tijekom prvih pet dana boravka u Prihvatnom centru, osoba iz članka 1. ovoga Pravilnika mora obaviti obvezni zdravstveni pregled radi utvrđivanja zdravstvenog statusa.

(2) Liječnički pregled iz stavka 1. ovoga članka obuhvaća pregled cijelog tijela i utvrđivanje fizikalnog statusa uz preporuke liječnika za daljnje neodgodive i prijeko potrebne specijalističko-konzilijarne preglede prema medicinskoj indikaciji.

(3) Utvrđeni zdravstveni status upisuje se u obrazac koji je tiskan u Prilogu I. ovoga Pravilnika i njegov je sastavni dio.

(4) Preslika zdravstvenog statusa s podacima o zdravstvenom stanju dostaviti će se Prihvatilištu za tražitelje azila ako je osoba iz stavka 1. ovoga Pravilnika podnijela zahtjev za međunarodnu zaštitu.

Specijalističko-konzilijarna zdravstvena zaštita   
  
Članak 6.

(1) Specijalističko-konzilijarna zdravstvena zaštita prema medicinskoj indikaciji liječnika sukladno članku 5. stavku 2. ovoga Pravilnika obavlja se u zdravstvenim ustanovama na osnovi uputnice liječnika u Prihvatnom centru ili hitne medicinske službe.

(2) Obrazac uputnice iz stavka 1. ovoga članka tiskan je u Prilogu II. ovoga Pravilnika i njegov je sastavni dio.

Dentalna zdravstvena zaštita

Članak 7.

Osoba iz članka 1. ovoga Pravilnika ima pravo na hitnu i neodgodivu dentalnu zdravstvenu zaštitu prema indikaciji doktora dentalne medicine u najbližoj zdravstvenoj ustanovi i kod zdravstvenih radnika privatne prakse u mreži javne zdravstvene službe.

Zaštita od zaraznih bolesti

Članak 8.

U okviru pregleda i uzimanja anamneze potrebno je utvrditi cjepni status svake osobe te kontrolirati prisutnost ožiljka od BCG-a. Potreba dodatnog cijepljenja odnosno kemoprofilakse utvrđuje se prema epidemiološkoj situaciji. Stručnu podršku u zaštiti od zaraznih bolesti u Prihvatnom centru pruža nadležna služba županijskog zavoda za javno zdravstvo/Grada Zagreba.

III. LIJEKOVI I MEDICINSKO POTROŠNI MATERIJAL

Članak 9.

(1) Opskrbu lijekovima i medicinsko potrošnim materijalom u Prihvatnom centru osigurava Ministarstvo unutarnjih poslova.

(2) Obrazac recepta tiskan je u Prilogu III. ovoga Pravilnika i njegov je sastavni dio.

VI. ZAVRŠNA ODREDBA  
  
Članak 10.

Ovaj Pravilnik stupa na snagu osmog dana od dana objave u »Narodnim novinama«.

Klasa:   
Urbroj:   
Zagreb,

Ministar

prof. dr. sc. Milan Kujundžić, dr.med.

**Prilog I.**

**PRIHVATNI CENTAR ZA STRANCE** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ime i prezime \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Datum rođenja \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Državljanstvo \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TRIJAŽA** *(zaokružiti)*

Povišena tjelesna temperatura DA NE

Proljev DA NE

Povraćanje DA NE

Osip DA NE

Kašalj DA NE

Datum: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Potpis: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PRVI PREGLED / KONTROLNI PREGLED** *(zaokružiti)*

Datum i vrijeme pregleda: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , \_\_\_\_\_\_\_ h

**ANAMNEZA / HETEROANAMNEZA**

Simptomi

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

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

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

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

Alergije

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

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

Lijekovi

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

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

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

Prijašnje bolesti

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

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

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

Apetit, mokrenje, stolica, pušenje, alkohol, zloupotreba psihotropnih tvari

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

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

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

**EPIDEMIOLOŠKA ANAMNEZA**

Datum dolaska u Republiku Hrvatsku: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Duljina trajanja putovanja: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tranzitorne države tijekom putovanja: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Cjepni status:***

BCG (ožiljak) *(zaokružiti)* DA NE

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Bolest | Nepoznato | Necijepljen | Cijepljen\* | Ako cijepljen, broj doza | Datum posljednje doze |
| Morbilli |  |  |  |  |  |
| Parotitis |  |  |  |  |  |
| Rubela |  |  |  |  |  |
| Di-Te-Per |  |  |  |  |  |
| Polio |  |  |  |  |  |
| Haemophilus influenzae tip B |  |  |  |  |  |
| Hepatitis B |  |  |  |  |  |

*\* ako osoba nema dokumentaciju o cijepljenju smatra se necijepljenom*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **FIZIKALNI PREGLED** | | | | | | | |
| Resp. | RR | CP | Kap. punj. | SaO2 | GUK | Temp. | GCS |
|  |  |  |  |  |  |  |  |

Orijentacija \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Koža i vidljive sluznice \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Oči \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Vratne vene \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Šum na karotidama \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Srce \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Pluća \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Trbuh \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Ekstremiteti \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Ostalo \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Dg.** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Th.** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

Potpis i faksimil liječnika \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Ime i prezime \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Datum rođenja \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Adresa \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Grad/naselje \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Ulica i broj \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Šifra zdr. ustanove – ordinacije priv. prakse   |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |   Šifra ugovornog doktora   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |   Šifra doktora specijaliste   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  | |
| Kategorija stranca Spol Trošak pokriva DP      Nezakonit boravak        Tražitelj međunarodne zaštite      Azilant | |
| **UPUTNICA ZA** | |
| Šifra djelatnosti Šifra djelatnosti   |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Konzilijarna  zdr. zaštita | **A** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Bolničko liječenje | **B** |  |  |  |  |  |  |  |  |     Šifra djelatnosti Šifra djelatnosti   |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Specijalistička  zdr. zaštita | **C** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Ambulantno  liječenje | **D** |  |  |  |  |  |  |  |  | | |
| Upućuje se \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (Naziv specijaliste / djelatnosti zdravstvene zaštite)  (Šifra dij. prema MKB)   |  |  |  |  |  | | --- | --- | --- | --- | --- | |  |  |  | . |  |   Uputna dijagnoza \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Molim, traži se \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Napomena \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  U \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , \_\_\_\_ 20\_\_\_ g. M.P. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Potpis i faksimil liječnika  Dan primitka na liječenje-pregled-dijagnostiku: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  U \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , \_\_\_\_ 20\_\_\_ g. M.P. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Potpis ovlaštene osobe i pečat zdravstvene  ustanove odnosno ordinacije privatne prakse | |

**Prilog II.**

**Prilog III.**

|  |  |
| --- | --- |
| Ime i prezime \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Datum rođenja \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Adresa \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Grad/naselje \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Ulica i broj \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Naziv, adresa i broj telefona zdravstvene ustanove – ordinacije privatne prakse u kojoj se propisuje recept  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Kategorija stranca Trošak pokriva DP      Nezakonit boravak    Tražitelj međunarodne zaštite    Azilant  Šifra dij. prema MKB   |  |  |  |  |  | | --- | --- | --- | --- | --- | |  |  |  | **.** |  | | Šifra zdr. ustanove – ordinacije priv. prakse   |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |   Šifra ugovornog doktora   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |   Šifra doktora specijaliste   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  | |
| Rp. | Šifra lijeka  Cij. orig. pakir. lij. s osnovne l. lij.  Količina Cijena usluge  Iznos na teret DP  Šifra ljekarne  Datum izdavanja lijeka  Šifra ljekarnika |
| U \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , \_\_\_\_ 20\_\_\_ g. M.P.    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Vlastoručni potpis i faksimil ovlaštene osobe koja je lijek propisala Pečat ljekarne i potpis ljekarnika | |