**Tidrapport - inhyrd läkare**

**Gäller för:** Region Värmland

Namn:       Specialitet:       Bolag:
Personnummer:       Kompetensnivå:       Beställar-ID
Arbetsställe:

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| **Datum** | **Arbetat kl. – kl.** | **Rast min** | **Jour kl. – kl.** | **Beredskap A kl. – kl.** | **Beredskap B kl. – kl.** | **Störningar kl. – kl.** |
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 Tidrapporten attesteras av chef

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Underskrift inhyrd läkare Underskrift chef

Namnförtydligande Namnförtydligande chef