**ЗАПОВЕД**

гр. Добрич

На основание чл. 104, ал. 1 от Закона за здравето, чл. 7, ал.1 и ал. 4 от Правилника за устройството и организацията на работа на органите на медицинската експертиза и на регионалните картотеки на медицинските експертизи и предложение с вх. № 14 – 2417/23.12.2024 г.

**ОПРЕДЕЛЯМ:**

**следните състави на лекарски консултативни комисии (ЛКК) към:**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 0 | 8 | 2 | 8 | 2 | 1 | 1 | 0 | 0 | 1 |

Регистрационен № на лечебното заведение

**„МНОГОПРОФИЛНА БОЛНИЦА ЗА АКТИВНО ЛЕЧЕНИЕ-ДОБРИЧ“ АД**

(наименование на лечебно заведение)

**Считано от 25.01.2025 г.**

**ОТДЕЛЕНИЕ ПО КОЖНИ И ВЕНЕРИЧЕСКИ БОЛЕСТИ**

**Специализирана лекарска консултативна комисия**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **0** | **8** | **2** | **8** | **2** | **1** | **1** | **0** | **0** | **1** | **2** | **5** | **1** | **0** | **3** | **0** | **1** |

  **№**

|  |  |  |  |
| --- | --- | --- | --- |
| 1 | 0 | 3 | 0 |

 **по КОЖНИ И ВЕНЕРИЧЕСКИ БОЛЕСТИ**

 специалност код специалност

|  |
| --- |
| **1. Председател** |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |

д-р **ВАЛЕНТИН ЯНЕВ**

 име и фамилия на лекаря ЕГН на лекаря

|  |  |  |  |
| --- | --- | --- | --- |
| 1 | 0 | 3 | 0 |

- **специалист по кожни и венерически болести**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 0 | 9 | 0 | 0 | 0 | 0 | 0 | 0 | 5 | 8 |

код специалност УИН на лекаря

|  |
| --- |
| **2. Член**  |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |

д-р **СНЕЖАНКА МАРИНОВА**

 име и фамилия на лекаря ЕГН на лекаря

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 0 | 9 | 0 | 0 | 0 | 0 | 0 | 5 | 8 | 5 |

|  |  |  |  |
| --- | --- | --- | --- |
| 1 | 0 | 3 | 0 |

- **специалист по кожни и венерически болести**

 УИН на лекаря

код специалност

**Работно време на комисията:**

**Всеки делничен ден от 12.00 до 13.00 часа.**

**За прилагане на чл. 68 от ППЗХУ Специализираната ЛКК по кожни и венерически болести има право да издава протоколи за ТПС при съобразяване на медицинските условия, експлоатационните срокове и необходимите медицински документи за предоставянето, посочени в утвърдената от Националната здравноосигурителна каса (НЗОК) спецификация и спецификацията - списък по наредбата по чл. 30а, ал. 4 от Закона за медицинските изделия.**

**ВТОРО ОТДЕЛЕНИЕ ПО ВЪТРЕШНИ БОЛЕСТИ**

**Специализирана лекарска консултативна комисия**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **0** | **8** | **2** | **8** | **2** | **1** | **1** | **0** | **0** | **1** | **2** | **5** | **1** | **0** | **0** | **4** | **1** |

  **№**

|  |  |  |  |
| --- | --- | --- | --- |
| 1 | 0 | 0 | 4 |

**по ВЪТРЕШНИ БОЛЕСТИ**

специалност код специалност

|  |
| --- |
| **1. Председател** |

д-р **ЗДРАВКА МАРИНОВА**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |

 име и фамилия на лекаря ЕГН на лекаря

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 0 | 9 | 0 | 0 | 0 | 0 | 0 | 2 | 5 | 2 |

|  |  |  |  |
| --- | --- | --- | --- |
| 1 | 0 | 0 | 5 |

- **специалист по гастроентерология**

 УИН на лекаря

код специалност

|  |
| --- |
| **2. Член** |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |

д-р **БОРИСЛАВ ЖЕЛЯЗКОВ**

 име и фамилия на лекаря ЕГН на лекаря

|  |  |  |  |
| --- | --- | --- | --- |
| 1 | 0 | 0 | 4 |

- **специалист по вътрешни болести**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 0 | 9 | 0 | 0 | 0 | 0 | 0 | 0 | 4 | 0 |

код специалност УИН на лекаря

|  |
| --- |
| **3. Член** |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |

д-р **САБИЕ АХМЕДОВА**

 име и фамилия на лекаря ЕГН на лекаря

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 0 | 4 | 0 | 0 | 0 | 0 | 4 | 1 | 9 | 1 |

|  |  |  |  |
| --- | --- | --- | --- |
| 1 | 0 | 0 | 5 |

**- специалист по гастроентерология**

 УИН на лекаря

код специалност

|  |
| --- |
| **4. Член** |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |

д-р **ЩЕРЮ ИВАНОВ**

 име и фамилия на лекаря ЕГН на лекаря

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 0 | 9 | 0 | 0 | 0 | 0 | 0 | 6 | 5 | 4 |

|  |  |  |  |
| --- | --- | --- | --- |
| 1 | 0 | 0 | 4 |

- **специалист по вътрешни болести**

 УИН на лекаря

код специалност

|  |
| --- |
| **5. Член** |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |

д-р **НАТАЛИЯ МАРИНОВА**

 име и фамилия на лекаря ЕГН на лекаря

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 0 | 9 | 0 | 0 | 0 | 0 | 0 | 7 | 8 | 3 |

|  |  |  |  |
| --- | --- | --- | --- |
| 1 | 0 | 0 | 5 |

- **специалист по гастроентерология**

 УИН на лекаря

код специалност

|  |
| --- |
| **6. Член** |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |

д-р **ДЕНИЦА БОЖИДАРОВА**

 име и фамилия на лекаря ЕГН на лекаря

|  |  |  |  |
| --- | --- | --- | --- |
| 1 | 0 | 0 | 4 |

- **специалист по вътрешни болести**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 0 | 9 | 0 | 0 | 0 | 0 | 0 | 7 | 1 | 7 |

код специалност УИН на лекаря

**Работно време на комисията:**

**Всеки делничен ден от 12.00 до 13.00 часа.**

 **ОТДЕЛЕНИЕ ПО КАРДИОЛОГИЯ**

**Специализирана лекарска консултативна комисия**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **0** | **8** | **2** | **8** | **2** | **1** | **1** | **0** | **0** | **1** | **2** | **5** | **1** | **0** | **2** | **0** | **1** |

  **№**

|  |  |  |  |
| --- | --- | --- | --- |
| 1 | 0 | 2 | 0 |

 По **КАРДИОЛОГИЯ**

 специалност код специалност

|  |
| --- |
| **1. Председател** |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |

д-р **КОСТЕ КОСТОЙЧИНОСКИ**

 име и фамилия на лекаря ЕГН на лекаря

|  |  |  |  |
| --- | --- | --- | --- |
| 1 | 0 | 2 | 0 |

- **специалист по кардиология**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 0 | 4 | 0 | 0 | 0 | 0 | 3 | 6 | 8 | 7 |

код специалност УИН на лекаря

|  |
| --- |
| **2.Член** |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |

д-р **СЛАВИЯ ТОДОРОВА**

 име и фамилия на лекаря ЕГН на лекаря

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 0 | 9 | 0 | 0 | 0 | 0 | 0 | 5 | 7 | 9 |

|  |  |  |  |
| --- | --- | --- | --- |
| 1 | 0 | 2 | 0 |

- **специалист по кардиология**

 УИН на лекаря

код специалност

|  |
| --- |
| **3. Член** |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |

д-р **ИВЕЛИНА ИВАНОВА**

 име и фамилия на лекаря ЕГН на лекаря

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 0 | 4 | 0 | 0 | 0 | 0 | 3 | 5 | 7 | 1 |

|  |  |  |  |
| --- | --- | --- | --- |
| 1 | 0 | 2 | 0 |

- **специалист по кардиология**

 УИН на лекаря

код специалност

|  |
| --- |
| **4. Член** |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |

д-р **ЛЮБОЗАР НИКИТАСОВ**

 име и фамилия на лекаря ЕГН на лекаря

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 0 | 4 | 0 | 0 | 0 | 0 | 2 | 9 | 2 | 4 |

|  |  |  |  |
| --- | --- | --- | --- |
| 1 | 0 | 2 | 0 |

- **специалист по кардиология**

 УИН на лекаря

код специалност

 **Работно време на комисията:**

**Всеки делничен ден от 12.00 до 13.00 часа.**

**ПЪРВО ОТДЕЛЕНИЕ ПО ВЪТРЕШНИ БОЛЕСТИ**

**Специализирана лекарска консултативна комисия**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **0** | **8** | **2** | **8** | **2** | **1** | **1** | **0** | **0** | **1** | **2** | **5** | **1** | **0** | **0** | **4** | **2** |

  **№**

|  |  |  |  |
| --- | --- | --- | --- |
| 1 | 0 | 0 | 4 |

 По **ВЪТРЕШНИ БОЛЕСТИ**

 специалност код специалност

|  |
| --- |
| **1. Председател** |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |

д-р **ДАРИНА ЖЕКОВА**

 име и фамилия на лекаря ЕГН на лекаря

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 0 | 9 | 0 | 0 | 0 | 0 | 0 | 1 | 5 | 1 |

|  |  |  |  |
| --- | --- | --- | --- |
| 1 | 0 | 0 | 4 |

- **специалист по вътрешни болести**

 УИН на лекаря

код специалност

|  |
| --- |
| **2. Член** |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |

д-р **ГАЛИНА ДИМИТРОВА**

 име и фамилия на лекаря ЕГН на лекаря

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 0 | 9 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 4 |

|  |  |  |  |
| --- | --- | --- | --- |
| 1 | 0 | 3 | 9 |

- **специалист по нефрология**

 УИН на лекаря

код специалност

**РЕЗЕРВНИ ЧЛЕНОВЕ:**

|  |
| --- |
| **3. Член** |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |

д-р **НАТАЛИЯ НИКОЛОВА**

 име и фамилия на лекаря ЕГН на лекаря

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 0 | 4 | 0 | 0 | 0 | 0 | 3 | 7 | 4 | 0 |

|  |  |  |  |
| --- | --- | --- | --- |
| 1 | 0 | 5 | 1 |

- **специалист по ревматология**

 УИН на лекаря

код специалност

|  |
| --- |
| **4. Член** |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |

д-р **ВАЛЕНТИНА ПЕЙЧЕВА**

 име и фамилия на лекаря ЕГН на лекаря

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 0 | 9 | 0 | 0 | 0 | 0 | 0 | 0 | 5 | 9 |

|  |  |  |  |
| --- | --- | --- | --- |
| 1 | 0 | 0 | 4 |

- **специалист по вътрешни болести**

 УИН на лекаря

код специалност

**Работно време на комисията:**

**Всеки делничен ден от 12.00 до 13.00 ч.**

 **ОТДЕЛЕНИЕ ПО ПЕДИАТРИЯ**

**Специализирана лекарска консултативна комисия**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **0** | **8** | **2** | **8** | **2** | **1** | **1** | **0** | **0** | **1** | **2** | **5** | **1** | **0** | **4** | **6** | **1** |

  **№**

|  |  |  |  |
| --- | --- | --- | --- |
| 1 | 0 | 4 | 6 |

 **по ПЕДИАТРИЯ**

 специалност код специалност

|  |
| --- |
| **1. Председател** |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |

д-р **ЙОВЧО ЙОВЕВ**

 име и фамилия на лекаря ЕГН на лекаря

|  |  |  |  |
| --- | --- | --- | --- |
| 1 | 0 | 4 | 6 |

- **специалист по педиатрия**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 0 | 9 | 0 | 0 | 0 | 0 | 0 | 3 | 0 | 8 |

код специалност УИН на лекаря

|  |
| --- |
| **2. Член** |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |

д-р **ВЕСЕЛКА ЦАЦОВА**

 име и фамилия на лекаря ЕГН на лекаря

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 0 | 9 | 0 | 0 | 0 | 0 | 0 | 0 | 8 | 2 |

|  |  |  |  |
| --- | --- | --- | --- |
| 1 | 0 | 4 | 6 |

- **специалист по педиатрия**

 УИН на лекаря

код специалност

**РЕЗЕРВНИ ЧЛЕНОВЕ:**

|  |
| --- |
| **3. Член** |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |

д-р **МИРЕНА НИКОЛОВА**

 име и фамилия на лекаря ЕГН на лекаря

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 0 | 9 | 0 | 0 | 0 | 0 | 0 | 7 | 4 | 4 |

|  |  |  |  |
| --- | --- | --- | --- |
| 1 | 0 | 4 | 6 |

- **специалист по педиатрия**

 УИН на лекаря

код специалност

|  |
| --- |
| **4. Член** |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |

д-р **ЯНИЦА РАДЕВА**

 име и фамилия на лекаря ЕГН на лекаря

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 0 | 9 | 0 | 0 | 0 | 0 | 0 | 7 | 5 | 2 |

|  |  |  |  |
| --- | --- | --- | --- |
| 1 | 0 | 4 | 6 |

- **специалист по педиатрия**

 УИН на лекаря

код специалност

|  |
| --- |
| **5. Член** |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |

д-р **КРИСТИНА ЖЕЛЯЗКОВА**

 име и фамилия на лекаря ЕГН на лекаря

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 0 | 9 | 0 | 0 | 0 | 0 | 0 | 7 | 6 | 0 |

|  |  |  |  |
| --- | --- | --- | --- |
| 1 | 0 | 4 | 6 |

- **специалист по педиатрия**

 УИН на лекаря

код специалност

**Работно време на комисията:**

**Всеки делничен ден от 12.00 до 13.00 ч.**

**ОТДЕЛЕНИЕ ПО МЕДИЦИНСКА ОНКОЛОГИЯ**

**Специализирана лекарска консултативна комисия**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **0** | **8** | **2** | **8** | **2** | **1** | **1** | **0** | **0** | **1** | **2** | **5** | **1** | **0** | **3** | **4** | **1** |

  **№**

|  |  |  |  |
| --- | --- | --- | --- |
| 1 | 0 | 3 | 4 |

 по **МЕДИЦИНСКА ОНКОЛОГИЯ**

 специалност код специалност

|  |
| --- |
| **1. Председател** |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |

д-р **ЗЮХАЛ КАСИМОВА**

 име и фамилия на лекаря ЕГН на лекаря

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 0 | 9 | 0 | 0 | 0 | 0 | 0 | 2 | 6 | 1 |

|  |  |  |  |
| --- | --- | --- | --- |
| 1 | 0 | 3 | 4 |

- **специалист по медицинска онкология**

 УИН на лекаря

код специалност

|  |
| --- |
| **2. Член** |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |

д-р **АНЕТА КОСТУРСКА**

 име и фамилия на лекаря ЕГН на лекаря

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 0 | 8 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 6 |

|  |  |  |  |
| --- | --- | --- | --- |
| 1 | 0 | 3 | 4 |

- **специалист по медицинска онкология**

 УИН на лекаря

код специалност

|  |
| --- |
| **3. Член** |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |

 **д-р НЕЛИ ЙОРДАНОВА ЦОЛОВА**

 име и фамилия на лекаря ЕГН на лекаря

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1 | 7 | 0 | 0 | 0 | 0 | 2 | 6 | 2 | 0 |

|  |  |  |  |
| --- | --- | --- | --- |
| 1 | 0 | 3 | 4 |

- **специалист по медицинска онкология**

 УИН на лекаря

код специалност

**Работно време на комисията:**

**Всеки делничен ден от 12.00 до 13.00 ч.**

**За прилагане на чл. 68 от ППЗХУ специализираната онкологична ЛКК има право да издава протоколи за ТПС при съобразяване на медицинските условия, експлоатационните срокове и необходимите медицински документи за предоставянето, посочени в утвърдената от Националната здравноосигурителна каса (НЗОК) спецификация и спецификацията - списък по наредбата по чл. 30а, ал. 4 от Закона за медицинските изделия.**

**ОТДЕЛЕНИЕ ПО ХИРУРГИЯ**

**Специализирана лекарска консултативна комисия**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **0** | **8** | **2** | **8** | **2** | **1** | **1** | **0** | **0** | **1** | **2** | **5** | **1** | **0** | **6** | **1** | **1** |

  **№**

|  |  |  |  |
| --- | --- | --- | --- |
| 1 | 0 | 6 | 1 |

 по **ХИРУРГИЯ**

 специалност код специалност

|  |
| --- |
| **1. Председател** |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |

д-р **МИРОСЛАВ ПОПОВ**

 име и фамилия на лекаря ЕГН на лекаря

|  |  |  |  |
| --- | --- | --- | --- |
| 1 | 0 | 6 | 1 |

- **специалист по хирургия**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 0 | 9 | 0 | 0 | 0 | 0 | 0 | 4 | 3 | 1 |

код специалност УИН на лекаря

|  |
| --- |
| **2. Член**  |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |

д-р **ГЕОРГИ ВЪЛЧАНОВ**

 име и фамилия на лекаря ЕГН на лекаря

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 0 | 9 | 0 | 0 | 0 | 0 | 0 | 1 | 2 | 0 |

|  |  |  |  |
| --- | --- | --- | --- |
| 1 | 0 | 6 | 1 |

- **специалист по хирургия**

 УИН на лекаря

код специалност

|  |
| --- |
| **3. Член** |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |

д-р **МЛАДЕН ГЕРДЖИКОВ**

 име и фамилия на лекаря ЕГН на лекаря

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 0 | 9 | 0 | 0 | 0 | 0 | 0 | 7 | 7 | 8 |

|  |  |  |  |
| --- | --- | --- | --- |
| 1 | 0 | 6 | 1 |

- **специалист по хирургия**

 УИН на лекаря

код специалност

**Работно време на комисията:**

**Всеки делничен ден от 12.00 до 13.00 ч.**

**За прилагане на чл. 68 от ППЗХУ специализираната хирургична ЛКК има право да издава протоколи за ТПС при съобразяване на медицинските условия, експлоатационните срокове и необходимите медицински документи за предоставянето, посочени в утвърдената от Националната здравноосигурителна каса (НЗОК) спецификация и спецификацията - списък по наредбата по чл. 30а, ал. 4 от Закона за медицинските изделия.**

 **ОТДЕЛЕНИЕ ПО УШНО-НОСНО-ГЪРЛЕНИ БОЛЕСТИ**

**Специализирана лекарска консултативна комисия**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **0** | **8** | **2** | **8** | **2** | **1** | **1** | **0** | **0** | **1** | **2** | **5** | **1** | **0** | **5** | **9** | **1** |

  **№**

|  |  |  |  |
| --- | --- | --- | --- |
| 1 | 0 | 5 | 9 |

 по **УШНО-НОСНО-ГЪРЛЕНИ БОЛЕСТИ**

 специалност код специалност

|  |
| --- |
| **1. Председател** |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |

д-р **ЖЕЙНО ИЛИЕВ**

 име и фамилия на лекаря ЕГН на лекаря

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 0 | 9 | 0 | 0 | 0 | 0 | 0 | 7 | 6 | 8 |

|  |  |  |  |
| --- | --- | --- | --- |
| 1 | 0 | 5 | 9 |

- **специалист по ушно-носно-гърлени болести**

 УИН на лекаря

код специалност

|  |
| --- |
| **2. Член**  |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |

д-р **ИВО МИРЧЕВ**

 име и фамилия на лекаря ЕГН на лекаря

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 0 | 4 | 0 | 0 | 0 | 0 | 4 | 2 | 3 | 0 |

|  |  |  |  |
| --- | --- | --- | --- |
| 1 | 0 | 5 | 9 |

- **специалист по ушно-носно-гърлени болести**

 УИН на лекаря

код специалност

|  |
| --- |
| **3. Член**  |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |

д-р **РОСИЦА СТОЯНОВА**

 име и фамилия на лекаря ЕГН на лекаря

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 0 | 9 | 0 | 0 | 0 | 0 | 0 | 5 | 3 | 5 |

|  |  |  |  |
| --- | --- | --- | --- |
| 1 | 0 | 5 | 9 |

- **специалист по ушно-носно-гърлени болести**

 УИН на лекаря

код специалност

**Работно време на комисията:**

**Всеки делничен ден от 12.00 до 13.00 ч.**

**За прилагане на чл. 68 от ППЗХУ специализираната ЛКК по ушно-носно гърлени болести има право да издава протоколи за ТПС при съобразяване на медицинските условия, експлоатационните срокове и необходимите медицински документи за предоставянето, посочени в утвърдената от Националната здравноосигурителна каса (НЗОК) спецификация и спецификацията - списък по наредбата по чл. 30а, ал. 4 от Закона за медицинските изделия.**

**ОТДЕЛЕНИЕ ПО НЕВРОХИРУРГИЯ**

**Специализирана лекарска консултативна комисия**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **0** | **8** | **2** | **8** | **2** | **1** | **1** | **0** | **0** | **1** | **2** | **5** | **1** | **0** | **3** | **6** | **1** |

  **№**

|  |  |  |  |
| --- | --- | --- | --- |
| 1 | 0 | 3 | 6 |

 по **НЕВРОХИРУРГИЯ**

 специалност код специалност

|  |
| --- |
| **1. Председател** |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |

д-р **ДИЯН ХИНКОВ**

 име и фамилия на лекаря ЕГН на лекаря

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1 | 9 | 0 | 0 | 0 | 0 | 0 | 2 | 1 | 7 |

|  |  |  |  |
| --- | --- | --- | --- |
| 1 | 0 | 3 | 6 |

- **специалист по неврохирургия**

 УИН на лекаря

код специалност

|  |
| --- |
| **2. Член**  |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |

д-р **ГАНЧО СТОЯНОВ**

 име и фамилия на лекаря ЕГН на лекаря

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 0 | 9 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 4 |

|  |  |  |  |
| --- | --- | --- | --- |
| 1 | 0 | 3 | 6 |

- **специалист по неврохирургия**

 УИН на лекаря

код специалност

|  |
| --- |
| **3.Член** |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |

д-р **РУСЛАН НИКОЛОВ**

 име и фамилия на лекаря ЕГН на лекаря

|  |  |  |  |
| --- | --- | --- | --- |
| 1 | 0 | 3 | 6 |

- **специалист по неврохирургия**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 0 | 9 | 0 | 0 | 0 | 0 | 0 | 5 | 5 | 4 |

код специалност УИН на лекаря

**Работно време на комисията:**

**Всеки делничен ден от 12.00 до 13.00 ч.**

**ОТДЕЛЕНИЕ ПО ОРТОПЕДИЯ И ТРАВМАТОЛОГИЯ**

**Специализирана лекарска консултативна комисия**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **0** | **8** | **2** | **8** | **2** | **1** | **1** | **0** | **0** | **1** | **2** | **5** | **1** | **0** | **4** | **4** | **1** |

  **№**

|  |  |  |  |
| --- | --- | --- | --- |
| 1 | 0 | 4 | 4 |

 по **ОРТОПЕДИЯ И ТРАВМАТОЛОГИЯ**

 специалност код специалност

|  |
| --- |
| **1. Председател** |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |

д-р **МИТКО ГЕОРГИЕВ**

 име и фамилия на лекаря ЕГН на лекаря

|  |  |  |  |
| --- | --- | --- | --- |
| 1 | 0 | 4 | 4 |

**специалист по ортопедия и травматология**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 0 | 9 | 0 | 0 | 0 | 0 | 0 | 4 | 3 | 3 |

код специалност УИН на лекаря

|  |
| --- |
| **2.Член**  |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |

д-р **ПАВЕЛ ПАВЛОВ**

 име и фамилия на лекаря ЕГН на лекаря

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 0 | 9 | 0 | 0 | 0 | 0 | 0 | 4 | 8 | 6 |

|  |  |  |  |
| --- | --- | --- | --- |
| 1 | 0 | 4 | 4 |

- **специалист по ортопедия и травматология**

 УИН на лекаря

код специалност

|  |
| --- |
| **3. Член** |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |

д-р **ЛЮБОМИР БОЖКОВ**

 име и фамилия на лекаря ЕГН на лекаря

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 0 | 9 | 0 | 0 | 0 | 0 | 0 | 3 | 6 | 5 |

|  |  |  |  |
| --- | --- | --- | --- |
| 1 | 0 | 4 | 4 |

- **специалист по ортопедия и травматология**

 УИН на лекаря

код специалност

|  |
| --- |
| **4. Член** |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |

д-р **ЖИВКО КИРОВ**

 име и фамилия на лекаря ЕГН на лекаря

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 0 | 9 | 0 | 0 | 0 | 0 | 0 | 7 | 5 | 8 |

|  |  |  |  |
| --- | --- | --- | --- |
| 1 | 0 | 4 | 4 |

- **специалист по ортопедия и травматология**

 УИН на лекаря

код специалност

**Работно време на комисията:**

**Всеки делничен ден от 12.00 до 13.00 ч.**

**За прилагане на чл. 68 от ППЗХУ специализираната ЛКК по ортопедия и травматология има право да издава протоколи за ТПС при съобразяване на медицинските условия, експлоатационните срокове и необходимите медицински документи за предоставянето, посочени в утвърдената от Националната здравноосигурителна каса (НЗОК) спецификация и спецификацията - списък по наредбата по чл. 30а, ал. 4 от Закона за медицинските изделия.**

**ОТДЕЛЕНИЕ ПО АНЕСТЕЗИОЛОГИЯ И ИНТЕНЗИВНО ЛЕЧЕНИЕ**

**Специализирана лекарска консултативна комисия**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **0** | **8** | **2** | **8** | **2** | **1** | **1** | **0** | **0** | **1** | **2** | **5** | **1** | **0** | **0** | **3** | **1** |

  **№**

|  |  |  |  |
| --- | --- | --- | --- |
| 1 | 0 | 0 | 3 |

По **АНЕСТЕЗИОЛОГИЯ И ИНТЕНЗИВНО ЛЕЧЕНИЕ**

 специалност код специалност

|  |
| --- |
| **1. Председател** |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |

д-р **ГЕОРГИ КОЗАРОВ**

 име и фамилия на лекаря ЕГН на лекаря

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 0 | 9 | 0 | 0 | 0 | 0 | 0 | 1 | 2 | 9 |

|  |  |  |  |
| --- | --- | --- | --- |
| 1 | 0 | 0 | 3 |

- **специалист по анестезиология и интензивно лечение**

 УИН на лекаря

код специалност

|  |
| --- |
| **2. Член**  |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |

д-р **МИХАИЛ МИХАЙЛОВ**

 име и фамилия на лекаря

 ЕГН на лекаря

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 0 | 9 | 0 | 0 | 0 | 0 | 0 | 4 | 3 | 7 |

|  |  |  |  |
| --- | --- | --- | --- |
| 1 | 0 | 0 | 3 |

- **специалист по анестезиология и интензивно лечение**

 УИН на лекаря

код специалност

|  |
| --- |
| **3. Член** |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |

д-р **БИСЕР БОТЕВ**

 име и фамилия на лекаря ЕГН на лекаря

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 0 | 9 | 0 | 0 | 0 | 0 | 0 | 0 | 3 | 4 |

|  |  |  |  |
| --- | --- | --- | --- |
| 1 | 0 | 0 | 3 |

- **специалист по анестезиология и интензивно лечение**

 УИН на лекаря

код специалност

|  |
| --- |
| **4. Член** |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |

д-р **ЛЮБОМИР СЕДОЕВ**

 име и фамилия на лекаря ЕГН на лекаря

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 0 | 9 | 0 | 0 | 0 | 0 | 0 | 7 | 6 | 7 |

|  |  |  |  |
| --- | --- | --- | --- |
| 1 | 0 | 0 | 3 |

- **специалист по анестезиология и интензивно лечение**

 УИН на лекаря

код специалност

|  |
| --- |
| **5. Член** |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |

д-р **ТЕМЕНУЖКА РАДЕВА**

 име и фамилия на лекаря ЕГН на лекаря

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 0 | 4 | 0 | 0 | 0 | 0 | 2 | 5 | 4 | 3 |

|  |  |  |  |
| --- | --- | --- | --- |
| 1 | 0 | 0 | 3 |

- **специалист по анестезиология и интензивно лечение**

 УИН на лекаря

код специалност

**Работно време на комисията:**

**Всеки делничен ден от 12.00 до 13.00 ч.**

**ОТДЕЛЕНИЕ ПО АКУШЕРСТВО И ГИНЕКОЛОГИЯ**

**Специализирана лекарска консултативна комисия**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **0** | **8** | **2** | **8** | **2** | **1** | **1** | **0** | **0** | **1** | **2** | **5** | **1** | **0** | **0** | **1** | **1** |

  **№**

|  |  |  |  |
| --- | --- | --- | --- |
| 1 | 0 | 0 | 1 |

 по **АКУШЕРСТВО И ГИНЕКОЛОГИЯ**

 специалност код специалност

|  |
| --- |
| **1. Председател** |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |

д-р **ИВАЙЛО ПЕТЕВ**

 име и фамилия на лекаря ЕГН на лекаря

|  |  |  |  |
| --- | --- | --- | --- |
| 1 | 0 | 0 | 1 |

- **специалист по акушерство и гинекология**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 0 | 9 | 0 | 0 | 0 | 0 | 0 | 7 | 2 | 8 |

код специалност УИН на лекаря

|  |
| --- |
| **2. Член**  |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |

д-р **КОНСТАНТИН ВЛАДИМИРОВ**

 име и фамилия на лекаря ЕГН на лекаря

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 0 | 9 | 0 | 0 | 0 | 0 | 0 | 7 | 4 | 0 |

|  |  |  |  |
| --- | --- | --- | --- |
| 1 | 0 | 0 | 1 |

- **специалист по акушерство и гинекология**

 УИН на лекаря

код специалност

|  |
| --- |
| **3. Член** |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |

д-р **ЗЛАТИНА ВАСКОВА**

 име и фамилия на лекаря ЕГН на лекаря

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 0 | 9 | 0 | 0 | 0 | 0 | 0 | 7 | 1 | 6 |

|  |  |  |  |
| --- | --- | --- | --- |
| 1 | 0 | 0 | 1 |

- **специалист по акушерство и гинекология**

 УИН на лекаря

код специалност

**РЕЗЕРВНИ ЧЛЕНОВЕ:**

|  |
| --- |
| **4. Член** |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |

д-р **СВЕТЛОЗАР БАЙЧЕВ**

 име и фамилия на лекаря ЕГН на лекаря

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 0 | 9 | 0 | 0 | 0 | 0 | 0 | 5 | 6 | 7 |

|  |  |  |  |
| --- | --- | --- | --- |
| 1 | 0 | 0 | 1 |

- **специалист по акушерство и гинекология**

 УИН на лекаря

код специалност

|  |
| --- |
| **5. Член** |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |

д-р **ТРИФОН ЙОРДАНОВ**

 име и фамилия на лекаря ЕГН на лекаря

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 0 | 9 | 0 | 0 | 0 | 0 | 0 | 6 | 3 | 5 |

|  |  |  |  |
| --- | --- | --- | --- |
| 1 | 0 | 0 | 1 |

- **специалист по акушерство и гинекология**

 УИН на лекаря

код специалност

|  |
| --- |
| **6. Член** |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |

д-р **ДАНИ АТАНАСОВ**

 име и фамилия на лекаря ЕГН на лекаря

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 0 | 9 | 0 | 0 | 0 | 0 | 0 | 7 | 9 | 8 |

|  |  |  |  |
| --- | --- | --- | --- |
| 1 | 0 | 0 | 1 |

- **специалист по акушерство и гинекология**

 УИН на лекаря

код специалност

|  |
| --- |
| **7. Член** |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |

д-р **СИЛВИЯ СИМЕОНОВА-ИЛИЕВА**

 име и фамилия на лекаря ЕГН на лекаря

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 0 | 4 | 0 | 0 | 0 | 0 | 4 | 3 | 1 | 0 |

|  |  |  |  |
| --- | --- | --- | --- |
| 1 | 0 | 0 | 1 |

- **специалист по акушерство и гинекология**

 УИН на лекаря

код специалност

**Работно време на комисията:**

**Всеки делничен ден от 12.00 до 13.00 ч.**

**ОТДЕЛЕНИЕ ПО НЕРВНИ БОЛЕСТИ**

**Специализирана лекарска консултативна комисия**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **0** | **8** | **2** | **8** | **2** | **1** | **1** | **0** | **0** | **1** | **2** | **5** | **1** | **0** | **3** | **8** | **1** |

  **№**

|  |  |  |  |
| --- | --- | --- | --- |
| 1 | 0 | 3 | 8 |

по **НЕРВНИ БОЛЕСТИ**

 специалност код специалност

|  |
| --- |
| **1. Председател** |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |

д-р **ДИМИТЪР МАРТИНОВ**

 име и фамилия на лекаря ЕГН на лекаря

|  |  |  |  |
| --- | --- | --- | --- |
| 1 | 0 | 3 | 8 |

- **специалист по нервни болести**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 0 | 9 | 0 | 0 | 0 | 0 | 0 | 1 | 8 | 9 |

код специалност УИН на лекаря

|  |
| --- |
| **2. Член** |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |

д-р **НИКОЛАЙ БЕКЯРОВ**

 име и фамилия на лекаря ЕГН на лекаря

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 0 | 9 | 0 | 0 | 0 | 0 | 0 | 7 | 3 | 1 |

|  |  |  |  |
| --- | --- | --- | --- |
| 1 | 0 | 3 | 8 |

- **специалист по нервни болести**

 УИН на лекаря

код специалност

|  |
| --- |
| **3. Член** |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |

д-р **МАГДАЛЕНА ФИЛЕВА**

 име и фамилия на лекаря ЕГН на лекаря

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 0 | 9 | 0 | 0 | 0 | 0 | 0 | 7 | 8 | 7 |

|  |  |  |  |
| --- | --- | --- | --- |
| 1 | 0 | 3 | 8 |

- **специалист по нервни болести**

 УИН на лекаря

код специалност

**Работно време на комисията:**

**Всеки делничен ден от 12.00 до 13.00 ч.**

**За прилагане на чл. 68 от ППЗХУ специализираната ЛКК по неврология има право да издава протоколи за ТПС при съобразяване на медицинските условия, експлоатационните срокове и необходимите медицински документи за предоставянето, посочени в утвърдената от Националната здравноосигурителна каса (НЗОК) спецификация и спецификацията - списък по наредбата по чл. 30а, ал. 4 от Закона за медицинските изделия.**

**ОТДЕЛЕНИЕ ПО ФИЗИКАЛНА И РЕХАБИЛИТАЦИОННА МЕДИЦИНА**

**Специализирана лекарска консултативна комисия**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **0** | **8** | **2** | **8** | **2** | **1** | **1** | **0** | **0** | **1** | **2** | **5** | **1** | **0** | **6** | **0** | **1** |

  **№**

|  |  |  |  |
| --- | --- | --- | --- |
| 1 | 0 | 6 | 0 |

по **ФИЗИКАЛНА И РЕХАБИЛИТАЦИОННА МЕДИЦИНА**

 специалност код специалност

|  |
| --- |
| **1. Председател** |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |

д-р **ГЕРГАНА СТОЙКОВА**

 име и фамилия на лекаря ЕГН на лекаря

|  |  |  |  |
| --- | --- | --- | --- |
| 1 | 0 | 6 | 0 |

- **специалист по физикална и рехабилитационна медицина**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 2 | 3 | 0 | 0 | 0 | 1 | 0 | 6 | 4 | 8 |

код специалност УИН на лекаря

|  |
| --- |
| **2. Член** |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |

д-р **МОНИКА БЕЛЧЕВА**

 име и фамилия на лекаря ЕГН на лекаря

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 0 | 4 | 0 | 0 | 0 | 0 | 4 | 4 | 6 | 0 |

|  |  |  |  |
| --- | --- | --- | --- |
| 1 | 0 | 6 | 0 |

- **специалист по физикална и рехабилитационна медицина**

 УИН на лекаря

код специалност

**Работно време на комисията:**

**Всеки делничен ден от 12.00 до 13.00 ч.**

Настоящата заповед да се връчи на посочените по-горе лица за сведение и изпълнение и на съответното лечебно заведение, РЗОК Добрич, ТП на НОИ-Добрич и РДСП-Добрич.

Заповедта подлежи на обжалване пред Административен съд – Добрич в 14-дневен срок по реда на Административнопроцесуалния кодекс.