**POBUDA ZA DOLOČITEV MINIMALNIH ZAHTEV (v bodoče OSNOVNIH ZAHTEV KAKOVOSTI) za MP**

**NAZIV IN NASLOV POBUDNIKA:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**KONTAKTNA OSEBA POBUDNIKA:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Tel. številka:** \_\_\_\_\_\_\_\_\_\_\_\_\_ **Elektronski naslov**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ŠIFRA VRSTE MP:** \_\_\_\_\_\_ **NAZIV MP:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PREDLOG MINIMALNIH ZAHTEV (OSNOVNIH ZAHTEV KAKOVOSTI):**

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**OBRAZLOŽITEV PREDLOGA (iz katere naj bi bilo razvidno, da je predlog v skladu z zdravstvenim stanjem, pri katerem ima zavarovana oseba pravico do te vrste MP):**

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