## “Smaganu veselības diena 2023”

*Zobārsts/zobu higiēnists* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(pasvītrojiet atbilstošo) Vārds, uzvārds*

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*Klīnikas nosaukums*

Lūdzu aizpildiet šo veidlapu skrīninga laikā, tādējādi palīdzot mums apkopot statistiku par akcijas apmēriem!

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|  | **Pacienta vecums (gadi)** | **Dzimums (siev./vīr.)** | **BPE indeksa**  **lielākais rādītājs** | **Kā pacients uzzināja par iespēju veikt bezmaksas smaganu veselības pārbaudi?** |
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