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|  | |  | | --- | | **Objednávka** | | | | | | | | | | | | | | | | | | | | | | | | |  |  |  |  | |  | | --- | | **L254717** | | | | | | | | | | | |  |
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|  |  |  | |  | | --- | | **Nemocnice Třinec, příspěvková organizace** | | **Kaštanová 268, Dolní Líštná** | | **Třinec 739 61** | |  | |  | | | | | | | | | | | | | | | |  | |  | | --- | | **Performa Medical, s.r.o.** | |  | |  | |  | |  | | | | | | | | | | | | | | | | | | | |  |  |  |
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|  |  |  |  | |  | | --- | | Dodavatel svým podpisem potvrzuje objednávku a souhlasí s obchodními podmínkami. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |  |
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|  |  |  |  | |  | | --- | | **Poznámka** | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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