Генеральному директору

ООО «Стоматологическая клиника ЮниДент»

Юффа Е.П.

Ф.И.О. потребителя(заказчика):

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адрес:

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телефон: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**обращение (претензия).**

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**Ответ на обращение (претензию) прошу предоставить:**

€ выдать лично. О готовности уведомить по телефону\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

€ направить почтовым отправлением по адресу (указать с индексом): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Потребитель (заказчик) \_\_\_\_\_\_\_\_\_\_\_\_\_ /\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

подпись Ф.И.О

"\_\_\_\_\_"\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_ г.