**Karta Rehabilitacji**

**podopieczny:** …………………………………..…... **rehabilitant:** …………………..………..………...

|  |  |  |  |
| --- | --- | --- | --- |
| L.p. | Data | Ilość (h) | podpis pacjenta |
| 1 |  | 1h |  |
| 2 |  | 1h |  |
| 3 |  | 1h |  |
| 4 |  | 1h |  |
| 5 |  | 1h |  |
| 6 |  | 1h |  |
| 7 |  | 1h |  |
| 8 |  | 1h |  |
| 9 |  | 1h |  |
| 10 |  | 1h |  |
| 11 |  | 1h |  |
| 12 |  | 1h |  |
| 13 |  | 1h |  |
| 14 |  | 1h |  |
| 15 |  | 1h |  |
| 16 |  | 1h |  |
| 17 |  | 1h |  |
| 18 |  | 1h |  |
| 19 |  | 1h |  |
| 20 |  | 1h |  |

 . . . . . . . . . . . . . . . . . . . . . . . . . . . .
podpis rehabilitanta