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| **Inhaltsliste Injektabilia Notfallkoffer** | | | | | | |
| FORM 018.1 | | | | Version: 1 | | |
| Erstellung | | Überprüfung | | | In-Kraft-Setzung | |
| Datum: |  | Datum: |  | | Datum: |  |
| Name: |  | Name: |  | | Name: |  |
| Visum: |  | Visum: |  | | Visum: |  |

Nachbestellung erfolgt über die Firma

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| **Medikamentenname** | **Anzahl Ampullen** | **Indikation** |
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| Version | Änderungs-datum | Grund der Änderung | Kapitel | gültig ab |
| 1 |  | Erstellung SOP |  |  |
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