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