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| **Arzt** | | **Fixe Medikation**  **Medikament** | **Menge/**  **kg/**  **Dosis** | **Menge/**  **Dosis** | **Intervall** | **Appli-kation** | **Verabreichungszeit/ Bemerkungen** | **STOP** | |
| **Datum** | **Visum** | **Datum** | **Arzt** |
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| **Arzt** | | **Reserve-Medikation**  **Medikament** | **Menge/**  **kg/**  **Dosis** | **Menge/**  **Dosis** | **Intervall** | **Appli-kation** | **Verabreichungszeit/**  **Bemerkungen** | **STOP** | |
| **Datum** | **Visum** | **Datum** | **Arzt** |
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| **Kontakt für Rückfragen** |  |  | Stempel/Unterschrift Arzt: |
| Verordnender Arzt: |  |  |
| Tel. Nr.: |  |  |
| Email: |  |  |