

**P R O ORDIN A TIONE**

**Anforderung**

**von Verbandmaterial**

**Facharzt/ärztin für Augenheilkunde**

Bitte die benötigte Stückzahl im stark umrandeten Feld **gut lesbar** anführen.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Artikel** | **Größe** | **Best. Menge** | **Bew. Menge** | **Artikel** | **Größe** | **Best. Menge** | **Bew. Menge** |
| **Pflaster** hypoallergen 5 m DERMAPLAST sensitive | 4 cm |  |  |  |  |  |  |
| 6 cm |  |  |  |  |  |  |
| 8 cm |  |  |  |  |  |  |
| **Pflaster** standard 5 m  DERMAPLAST classic | 4 cm |  |  |  |  |  |  |
| 6 cm |  |  |  |  |  |  |
| 8 cm |  |  |  |  |  |  |
| **Heftpflaster** standard 5 m OMNIPLAST  1 OP = 1 Stk. | 1,25 cm |  |  |  |  |  |  |
| 2,5 cm |  |  |  |  |  |  |
| 5 cm |  |  |  |  |  |  |
| **Fixierpflaster aus Vlies** 9,1 m MICROPORE  1 OP = 1 Stk. | 1,25 cm |  |  |  |  |  |  |
| 2,5 cm |  |  |  |  |  |  |
| 5 cm |  |  |  |  |  |  |
| **Injektionspflaster**  DERMAPLAST 1 OP = 250 Stk. | 16 x  40 mm |  |  |  |  |  |  |
| **Augenokklusivverband** medium  ORTOPAD 1 OP = 50 Stk. junior | 76x54 mm |  |  |  |  |  |  |
| 67x50 mm |  |  |  |  |  |  |
| **Augen Uhrglasverband** 1 OP = 20 Stk. ORTOLUX | groß |  |  |  |  |  |  |
| klein |  |  |  |  |  |  |
| **Mullbinden** unelastisch 4 m HARTMANN lose  1 OP = 20 Stk. | 6 cm |  |  |  |  |  |  |
| 8 cm |  |  |  |  |  |  |
| 10 cm |  |  |  |  |  |  |
| 12 cm |  |  |  |  |  |  |
| **Augenkompressen** steril 56 x 70 cm EYCOPAD  **Augenkompressen** steril 56 x 72 cm ASKINA OCULA 1 OP = 25 Stk. | normal |  |  |  |  |  |  |
|  |  |  |  |
| dünn |  |  |  |  |  |  |
|  |  |  |  |
| **Zellstoff-Vlies-Kompressen** unsteril STEPCEL unsteril  1 OP = 100 Stk. | 5 x 5,6 |  |  |  |  |  |  |
| 5 x 9 |  |  |  |  |  |  |
| 7,5 x 11 |  |  |  |  |  |  |
| **Mulltupfer** steril – BW  1 OP = 100 Stk. | 6x6 cm |  |  |  |  |  |  |
| 8x8 cm |  |  |  |  |  |  |
| 10x10cm |  |  |  |  |  |  |
| 12x12cm |  |  |  |  |  |  |
| **Stieltupfer unsteril** 1 OP = 1000 Stk.  1 OP = 50 Stk. | klein |  |  |  |  |  |  |
| groß |  |  |  |  |  |  |
| **PUR-Zellin/Zellstofftupfer** 1 OP = 1 Rolle | 4x5 cm |  |  |  |  |  |  |
| **Zellstoff-Vlies-Kompressen steril**  STEPCEL steril 1 OP = 1 Stk. | 15 x1cm |  |  |  |  |  |  |
|  |  |  |  |  |  |
| **Verbandzellstoff Pehazell** ungebleicht | 5 kg |  |  |  |  |  |  |
| **Verbandwatte** HARTMANN Watte 1 OP = 1 Stk. | 100 g |  |  |  |  |  |  |
| 400 g |  |  |  |  |  |  |
| **Holzspateln** 1 OP = 100 Stk. |  |  |  |  |  |  |  |
| **Elastische Universalbinden** 5 m IDEALFLEX universal  1 OP = 10 Stk. | 6 cm |  |  |  |  |  |  |
| 8 cm |  |  |  |  |  |  |
| 10 cm |  |  |  |  |  |  |
| 12 cm |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

14-ÖGK-VP-I F. 118a 30.01.2024



**2fach senden an:**

**ÖSTERREICHISCHE GESUNDHEITSKASSE**

**Versorgungsmanagement I Garnisonstraße 1b, Postfach 306 4021 Linz**

**Vertragspartnerservice** [pro.ordinatione@oegk.at](mailto:pro.ordinatione@oegk.at) [www.gesundheitskasse.at](http://www.gesundheitskasse.at/)

Tel. +43 5 0766-14104816

**P R O ORDIN A TIONE**

**Anforderung**

**von Verbandmaterial**

Quartal: Jahr:

Urlaub:

Ordinationsfreier Tag:

*......................................................................................................*

Datum, Vertragsarztstempel und Unterschrift

Bestellung ergangen an Firma:

Genehmigung der ÖGK: