

**P R O O RDI N A T I O NE A n f o r d e r u n g**

**v o n V e r b a n d m a t e r i a l**

**Facharzt/ärztin für Labormedizin u. Facharzt/ärztin für Radiologie**

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

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| **Artikel** | **Größe** | **Best.****Menge** | **Bew.****Menge** | **Artikel** | **Größe** | **Best.****Menge** | **Bew.****Menge** |
| **Pflaster** hypoallergen 5 mDERMAPLAST sensitive | 4 cm |  |  |  |  |  |  |
| 6 cm |  |  |  |  |  |  |
| 8 cm |  |  |  |  |  |  |
| **Pflaster** standard 5 mDERMAPLAST classic | 4 cm |  |  |  |  |  |  |
| 6 cm |  |  |  |  |  |  |
| 8 cm |  |  |  |  |  |  |
| **Heftpflaster** standard 5 mOMNIPLAST1 OP = 1 Stk. | 1,25 cm |  |  |  |  |  |  |
| 2,5 cm |  |  |  |  |  |  |
| 5 cm |  |  |  |  |  |  |
| **Fixierpflaster aus Vlies** 9,1 mMICROPORE | 1,25 cm |  |  |  |  |  |  |
| 2,5 cm |  |  |  |  |  |  |
| 5 cm |  |  |  |  |  |  |
| **Injektionspflaster**DERMAPLAST 1 OP = 250 Stk. | 16 x40 mm |  |  |  |  |  |  |
|  |  |  |  |
| **Mullbinden** unelastisch 4 mHARTMANN lose1 OP = 20 Stk. | 6 cm |  |  |  |  |  |  |
| 8 cm |  |  |  |  |  |  |
| 10 cm |  |  |  |  |  |  |
| 12 cm |  |  |  |  |  |  |
| **Zellstoff-Vlies-Kompressen** unsterilSTEPCEL unsteril1 OP = 100 Stk. | 5x5,6 cm |  |  |  |  |  |  |
| 5x9 cm |  |  |  |  |  |  |
| 7,5x11cm |  |  |  |  |  |  |
| **Zellstoff-Vlies-Kompressen** steril STEPCEL steril1 OP = 25 Stk. | 5x5,6 cm |  |  |  |  |  |  |
| 5x9 cm |  |  |  |  |  |  |
| 7,5x11cm |  |  |  |  |  |  |
| **Mulltupfer** steril – BW1 OP = 100 Stk. | 6x6 cm |  |  |  |  |  |  |
| 8x8 cm |  |  |  |  |  |  |
| 10x10cm |  |  |  |  |  |  |
| 12x12cm |  |  |  |  |  |  |
| **PUR-Zellin/Zellstofftupfer** 1 OP = 1 Rolle | 4x5 cm |  |  |  |  |  |  |
| **Zellstoff-Vlies-Kompressen steril**STEPCEL steril 1 OP = 1 Stk. | 15x1cm |  |  |  |  |  |  |
| **Verbandzellstoff Pehazell** ungebleicht | 5 kg |  |  |  |  |  |  |
| **Latex Fingerlinge**1 OP = 100 Stk. | Gr. 3 |  |  |  |  |  |  |
| Gr. 4 |  |  |  |  |  |  |
| Gr. 5 |  |  |  |  |  |  |
| **Elastische Universalbinden** 5 mIDEALFLEX universal | 6 cm |  |  |  |  |  |  |
| 8 cm |  |  |  |  |  |  |
| 10 cm |  |  |  |  |  |  |
| 12 cm |  |  |  |  |  |  |
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**2fach senden an:**

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**P R O O RDI N A T I O NE A n f o r d e r u n g**

**v o n V e r b a n d m a t e r i a l**

Quartal: \_\_\_\_\_\_\_\_ Jahr: \_\_\_\_\_\_\_\_

Ordinationsfreier Tag: Urlaub:

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Datum, Vertragsarztstempel und Unterschrift

Genehmigung der ÖGK: Bestellung ergangen an Firma: