

**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 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 | 1,25 cm |  |  |  |  |  |  |
| 2,5 cm |  |  |  |  |  |  |
| 5 cm |  |  |  |  |  |  |
| **Injektionspflaster**  DERMAPLAST 1 OP = 250 Stk. | 16 x  40 mm |  |  |  |  |  |  |
|  |  |  |  |
| **Mullbinden** unelastisch 4 m  HARTMANN lose  1 OP = 20 Stk. | 6 cm |  |  |  |  |  |  |
| 8 cm |  |  |  |  |  |  |
| 10 cm |  |  |  |  |  |  |
| 12 cm |  |  |  |  |  |  |
| **Zellstoff-Vlies-Kompressen** unsteril  STEPCEL unsteril  1 OP = 100 Stk. | 5x5,6 cm |  |  |  |  |  |  |
| 5x9 cm |  |  |  |  |  |  |
| 7,5x11cm |  |  |  |  |  |  |
| **Zellstoff-Vlies-Kompressen** steril STEPCEL steril  1 OP = 25 Stk. | 5x5,6 cm |  |  |  |  |  |  |
| 5x9 cm |  |  |  |  |  |  |
| 7,5x11cm |  |  |  |  |  |  |
| **Mulltupfer** steril – BW  1 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 m  IDEALFLEX universal | 6 cm |  |  |  |  |  |  |
| 8 cm |  |  |  |  |  |  |
| 10 cm |  |  |  |  |  |  |
| 12 cm |  |  |  |  |  |  |
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**2fach senden an:**

**ÖSTERREICHISCHE GESUNDHEITSKASSE Versorgungsmanagement I**

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

**Vertragspartnerservice** pro.ordinatione@oegk.at www.gesundheitskasse.at

Tel. +43 5 0766-14104816

**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: