**P R O O R D I N A T I O N E**

**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 Neurologie und



**Facharzt/ärztin für Psychiatrie** 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 |  |  |  |  |  |  |
|  |  |  |  |
| **Mulltupfer** steril – BW  1 OP = 100 Stk. | 6x6 cm |  |  |  |  |  |  |
| 8x8 cm |  |  |  |  |  |  |
| 10x10cm |  |  |  |  |  |  |
| 12x12cm |  |  |  |  |  |  |
| **PUR-Zellin/Zellstofftupfer** 1 OP = 1 Rolle | 4x5 cm |  |  |  |  |  |  |
| **Verbandzellstoff Pehazell** ungebleicht | 5 kg |  |  |  |  |  |  |
| **Verbandwatte** HARTMANN Watte  1 OP = 1 Stk. | 100 g |  |  |  |  |  |  |
| 400 g |  |  |  |  |  |  |
| **Elastische Universalbinden** 5 m IDEALFLEX universal  1 OP = 10 Stk. | 6 cm |  |  |  |  |  |  |
| 8 cm |  |  |  |  |  |  |
| 10 cm |  |  |  |  |  |  |
| 12 cm |  |  |  |  |  |  |
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# 2fach senden an:



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**P R O ORDIN A TIONE**

**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**

für **\_\_\_** Quartal **\_\_\_\_** Jahr

Ordinationsfreier Tag:

Urlaub:

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Genehmigung der ÖGK:

Bestellung ergangen an Firma: