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| |  |  |  | | --- | --- | --- | | Verschreibungsdatum: | 24.02.22 | Doktor:Name | | Übertrag: | Sign. | Zimmer: |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **Montag** | | | | | | | **Name** | | | | | | |  |  |  |  |  | Reserve | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | | Extra nur für Montag: | | | | | | |  |  |  |  |  |  | |  |  |  |  |  |  | |  | |  |  |  | | --- | --- | --- | | Verschreibungsdatum: | 24.02.22 | Doktor: Name | | Übertrag: | Sign. | Zimmer: |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **Dienstag** | | | | | | | **Name** | | | | | | |  |  |  |  |  | Reserve | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | | Extra nur für Dienstag: | | | | | | |  |  |  |  |  |  | |  |  |  |  |  |  | |
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| |  |  |  | | --- | --- | --- | | Verschreibungsdatum: | 24.02.22 | Doktor: Name | | Übertrag: | Sign. | Zimmer: |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **Mittwoch** | | | | | | | **Name** | | | | | | |  |  |  |  |  | Reserve | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | | Extra nur für Mittwoch: | | | | | | |  |  |  |  |  |  | |  |  |  |  |  |  | |  | |  |  |  | | --- | --- | --- | | Verschreibungsdatum: | 24.02.22 | Doktor: Name | | Übertrag: | Sign. | Zimmer: |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **Donnerstag** | | | | | | | **Name** | | | | | | |  |  |  |  |  | Reserve | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | | Extra nur für Donnerstag: | | | | | | |  |  |  |  |  |  | |  |  |  |  |  |  | |
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| |  |  |  | | --- | --- | --- | | Verschreibungsdatum: | 24.02.22 | Doktor: Name | | Übertrag: | Sign. | Zimmer: |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **Freitag** | | | | | | | **Name** | | | | | | |  |  |  |  |  | Reserve | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | | Extra nur für Freitag: | | | | | | |  |  |  |  |  |  | |  |  |  |  |  |  | |  | |  |  |  | | --- | --- | --- | | Verschreibungsdatum: | 24.02.22 | Doktor: Name | | Übertrag: | Sign. | Zimmer: |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **Samstag** | | | | | | | **Name** | | | | | | |  |  |  |  |  | Reserve | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | | Extra nur für Samstag: | | | | | | |  |  |  |  |  |  | |  |  |  |  |  |  | |
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| |  |  |  | | --- | --- | --- | | Verschreibungsdatum: | 24.02.22 | Doktor: Name | | Übertrag: | Sign. | Zimmer: |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **Sonntag** | | | | | | | **Name** | | | | | | |  |  |  |  |  | Reserve | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | | Extra nur für Sonntag: | | | | | | |  |  |  |  |  |  | |  |  |  |  |  |  | |  | |  |  |  | | --- | --- | --- | | Verschreibungsdatum: | 24.02.22 | Doktor: Name | | Übertrag: | Sign. | Zimmer: |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **Wochentag** | | | | | | | **Name** | | | | | | |  |  |  |  |  | Reserve | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | | Extra nur für Wochentag: | | | | | | |  |  |  |  |  |  | |  |  |  |  |  |  | |
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| |  |  |  | | --- | --- | --- | | Verschreibungsdatum: | 24.02.22 | Doktor: Name |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **Gesamtmedikation** | | | | | | | **Name** | | | | | | |  |  |  |  |  | Reserve | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | | Zusatzmedikation |  |  |  |  |  | | Zusatzmedikation |  |  |  |  |  | | Bedarfsmedikation: | | | | | | |  |  |  |  |  |  | |  |  |  |  |  |  | |  | |  |  |  | | --- | --- | --- | | Verschreibungsdatum: | 24.02.22 | Doktor: Name |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **Gesamtmedikation** | | | | | | | **Name** | | | | | | |  |  |  |  |  | Reserve | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | | Zusatzmedikation |  |  |  |  |  | | Zusatzmedikation |  |  |  |  |  | | Bedarfsmedikation: | | | | | | |  |  |  |  |  |  | |  |  |  |  |  |  | |