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|  **Arzneimittel: Datum: Anfangsbestand:**  |
| **Zugangsdatum** | **Lieferant** | **Charge / Menge** | **Abgangsdatum** | **Empfänger\*** | **Charge / Menge** |
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\* Patient, Bruch, Entsorgung, andere Hausapotheke

  **Übertrag**: ……………………………………………….