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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**: ……………………………………………….