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| **Retourenliste Betäubungsmittel** | | | | | | |
| FORM 012.2 | | | | Version: 1 | | |
| Erstellung | | Überprüfung | | | In-Kraft-Setzung | |
| Datum: |  | Datum: |  | | Datum: |  |
| Name: |  | Name: |  | | Name: |  |
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Retouren an Firma       zur fachgerechten Entsorgung von Betm

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| **Retouren** |  |  |  |  |  | **Gutschrift** |  |
| **Datum** | **Anzahl** | **Medikament** | **Grund** | **Firma** | **Betrag** | **Datum** | **Betrag** |
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| Version | Änderungs-datum | Grund der Änderung | Kapitel | gültig ab |
| 1 |  | Erstellung SOP |  |  |
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