



TEDAVİ VE BAKIM HİZMETLERİ FORMU

Dokuman No: KLN.FR.37
Yayın Tarihi: 21.10.2009
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TARİH:...../...../.....

HASTA ADI-SOYADI:	
ODA NO:	
İLAÇLAR	CEFAMEZİN 1 gr fl <input type="checkbox"/> NOVALGİN amp <input type="checkbox"/> SCOPAN amp <input type="checkbox"/>
	ULCURAN amp <input type="checkbox"/> PREDNOL 40 mg <input type="checkbox"/> ZOFER 4 mg <input type="checkbox"/>
	DİCLARON amp <input type="checkbox"/> DORMİCUM <input type="checkbox"/> OKSAMEN-L fl <input type="checkbox"/>
	FLAGYL <input type="checkbox"/> FRAXIPARİNE <input type="checkbox"/> EUCARBON tb <input type="checkbox"/>
	DIĞER:..... DIĞER:..... DIĞER:..... DIĞER:.....
SERUMLAR	İZOTONİK 1000 cc 500 cc %5 DRL 1000 cc 500 cc L RİNGER 1000 cc 500 cc <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	ISOLYTE M 1000 cc 500 cc ISOLYTE 1000 cc 500 cc %5 DEXTROZ 1000 cc 500 cc <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
ENJEKTÖR	50 cc <input type="checkbox"/> 20 cc <input type="checkbox"/> 10 cc <input type="checkbox"/> 2 cc <input type="checkbox"/> İnsülin <input type="checkbox"/>
	FOLEY SONDA <input type="checkbox"/> SİLİKON FOLEY SONDA <input type="checkbox"/> İDRAR TORBASI <input type="checkbox"/>
	NGS <input type="checkbox"/> KG <input type="checkbox"/> REKTAL TÜP <input type="checkbox"/> NST <input type="checkbox"/>
PERİNE TEMİZLİĞİ	
ULTRASON	
RÖNTGEN	
LABORATUAR	
PANSUMAN	
PATOLOJİ	
REFAKAT VE EKSTRA	
ADI SOYADI	
İMZA	