Blankett 2

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| **Patientens namn/personnummer** | **Kontaktuppgifter överrapporterande förskrivare** | **Kontaktuppgifter mottagande förskrivare** |
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| **Utl  datum** | **Invnr/Serienr** | **Modell** | **Leverantör** | **Leverantörens  artikelnr** | **Inköps år** | **Inköps pris** | **Försäljnings pris** | **Övertages ja/nej** | **Specanp/nr** |
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