

NALEPKA PACIENTA

SLUŽBA ZDRAVSTVENE NEGE

**EVIDENČNI LIST DANE TERAPIJE**

List št.:……...….

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| **PREDPISOVANJE TERAPIJE** | | | | | | | **DAJANJE TERAPIJE** | | | | | |
| DATUM | ZDRAVILO | ODMEREK | POGOSTOST | NAČIN DAJANJA | PREDPISAL | URA | URA  PODPIS | URA  PODPIS | URA  PODPIS | URA  PODPIS | URA  PODPIS | URA  PODPIS |
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