|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Retourenliste Medikamente** | | | | | | |
| FORM 012.1 | | | | Version: 1 | | |
| Erstellung | | Überprüfung | | | In-Kraft-Setzung | |
| Datum: |  | Datum: |  | | Datum: |  |
| Name: |  | Name: |  | | Name: |  |
| Visum: |  | Visum: |  | | Visum: |  |

Retouren von Patienten oder abgelaufene Medikamente müssen nicht in die Retourenliste eingetragen werden

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Retouren** |  |  |  |  |  | **Gutschrift** |  |
| **Datum** | **Anzahl** | **Medikament** | **Grund** | **Firma** | **Betrag** | **Datum** | **Betrag** |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Version | Änderungs-datum | Grund der Änderung | Kapitel | gültig ab |
| 1 |  | Erstellung SOP |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |