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| **SIRA NO** | **TARİH** | **HASTANIN ADI SOYADI** | **PROTOKOL NO** | **İLACIN ADI** | **UYGULANAN MİKTAR** | **İMHA MİKTARI** | **UYGULAYAN KİŞİ** | | **SORUMLU DOKTOR** | |
| **ADI SOYADI** | **İMZA** | **ADI SOYADI** | **İMZA** |
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