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| Hastanın TARİH  Adı Soyadı : ……./……../ 20….  Protokol No :  İadeyi Yapan Bölüm :  Taburcu  İade Nedeni : Order değişikliği  Diğer   |  |  |  | | --- | --- | --- | | SIRA NO | İLAÇ VE SARF MALZEME ADI | MİKTAR | | 1 |  |  | | 2 |  |  | | 3 |  |  | | 4 |  |  | | 5 |  |  | | 6 |  |  | | 7 |  |  | | 8 |  |  | | 9 |  |  | | 10 |  |  | | 11 |  |  | | 12 |  |  | | 13 |  |  | | 14 |  |  | | 15 |  |  |   **İADEYİ YAPAN İADEYİ ALAN**  **Adı Soyadı Adı Soyadı**  **İmza İmza** |