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|  | **KIRIKKALE ÜNİVERSİTESİ TIP FAKÜLTESİ HASTANESİ**  **ACİL SERVİS** | | | |
| **AMBULANSTA BULUNDURULAN TIBBI MALZEME ARAÇ GEREÇ VE TAKİP FORMU**  **FORMU** | | | |
| Doküman No: AS.FR.09 | Yayın Tarihi :MART2019 | Revizyon No: | Revizyon Trh: | Sayfa: 1 |

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|  | **İLAÇ/MALZEME**  **ADI** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| TESLİM VEREN: Adı Soyadı/ İmza | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| TESLİM ALAN: Adı Soyadı/ İmza | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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