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| […] |  | | […] | | | |
|  | | Datum | | | |
| Stempel des Arztes/der Ärztin |  | | Name, Vorname der verletzten Person | | | Geburtsdatum |
|  | |  | […] | | | […] |
| […] | |  | Unfallbetrieb | | | |
| […] | | | |
| Unfalltag | AZ des UV-Trägers | | |
| […] | […] | | |
|  | allgemeine Heilbehandlung | | besondere Heilbehandlung | |

**Rechnung** für Auswahl Behandlung

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| Datum | Gebührennummer UV-GOÄ | Gebühr EUR | Besondere Kosten EUR | | Bemerkungen |
| […] | […] | […] | […] | | […] |
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| Rechnungsnummer  […] | **Institutionskennzeichen (IK)**  […]  **Falls kein IK** - Bankverbindung - |