## Formularvorlage: Implantationsregister

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| **Bezeichnung, Art, Typ** | **Name und Anschrift des Herstellers** | **Name und Anschrift des Vertreiber** | **Name und SV-Nummer des Patienten** | **Datum der Implantation** | **Name des verantwortlichen Arztes** | **Intervalle der Kontrolluntersuchungen** |
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