

[...]

Stempel des Arztes

[...]

[...]

Datum

Name, Vorname des Verletzten	Geburtsdatum
[...]	[...]
Unfallbetrieb	
[...]	
Unfalltag	AZ des UV-Trägers
[...]	[...]

allgemeine Heilbehandlung besondere Heilbehandlung

Rechnung für Auswahl Behandlung

Datum	Gebührennummer UV-GOÄ	Gebühr EUR	Besondere Kosten EUR	Bemerkungen
[...]	[...]	[...]	[...]	[...]
[...]	[...]	[...]	[...]	[...]
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[...] EUR [...] EUR

zuzüglich [...] EUR ←

[...] EUR

Rechnungsnummer [...]	Institutionskennzeichen (IK) [...] Falls kein IK - Bankverbindung -
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