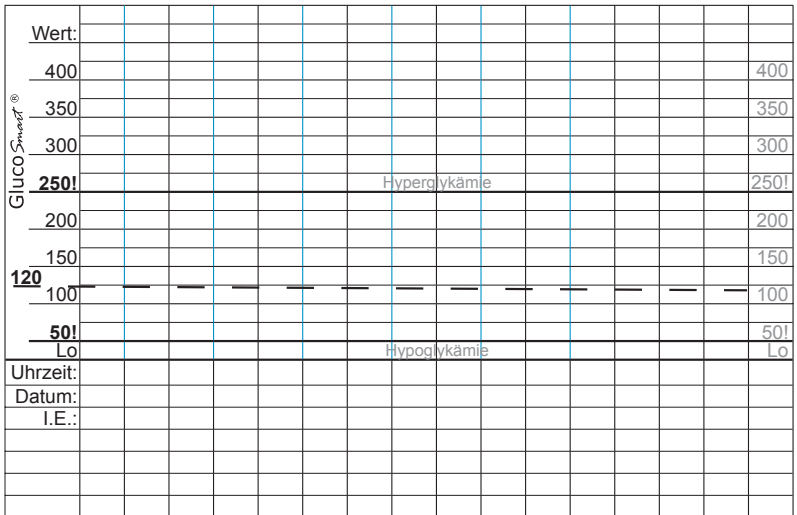


Vermerk:



Vermerk:

_____	_____
Name	Therapieart
_____	_____
Straße	Normalinsulin/Verzögerungsinsulin
_____	_____
PLZ/Ort	Korrekturfaktor