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MAINZ

<b>Datum der Entnahme:</b>			<b>Eingang:</b>			
<b>Personalien</b> (SAP-Patientenetikett mit Barcode)			<b>Schnellschnitt:</b> Ja <input type="checkbox"/>			
			<b>Rückrufnummer:</b>			
			<b>Material:</b>			
<b>Stationär</b>	<b>Ambulant</b>	<b>Hybrid-DRG</b>	<b>Klin. Diagnose / Fragestellung:</b>			
Kasse <input type="checkbox"/> Privat <input type="checkbox"/>	Kasse <input type="checkbox"/> Privat <input type="checkbox"/>	Kasse <input type="checkbox"/> Privat <input type="checkbox"/>			<input type="checkbox"/> <b>Primärdiagnostik</b>	<b>Lokalisation der Läsion:</b>
KVB I-III <input type="checkbox"/> Q <input type="checkbox"/> Ú • cOE <input type="checkbox"/> Ó <input type="checkbox"/>						
<b>ABSENDER:</b>			<input type="checkbox"/> <b>Z.n. Therapie</b> (Therapie bitte angeben)			
Station _____						
Telefon _____						
Arzt Unterschrift _____						

\* Schema für Prostatastanzen, sonstige Untersuchungen bitte unter „Material“ eingeben

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|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> 1. Rechts apikal medial<br><input type="checkbox"/> 2. Rechts apikal lateral<br><input type="checkbox"/> 3. Rechts medial medial<br><input type="checkbox"/> 4. Rechts medial lateral<br><input type="checkbox"/> 5. Rechts basal medial<br><input type="checkbox"/> 6. Rechts basal lateral<br><input type="checkbox"/> 7. Links apikal medial<br><input type="checkbox"/> 8. Links apikal lateral<br><input type="checkbox"/> 9. Links medial medial<br><input type="checkbox"/> 10. Links medial lateral<br><input type="checkbox"/> 11. Links basal medial<br><input type="checkbox"/> 12. Links basal lateral | <input type="checkbox"/> 13. PiRADS Läsion 1 - Ziel 1<br><input type="checkbox"/> 14. PiRADS Läsion 1 - Ziel 2<br><input type="checkbox"/> 15. PiRADS Läsion 1 - Ziel 3<br><input type="checkbox"/> 16. PiRADS Läsion 2 - Ziel 1<br><input type="checkbox"/> 17. PiRADS Läsion 2 - Ziel 2<br><input type="checkbox"/> 18. PiRADS Läsion 2 - Ziel 3<br><input type="checkbox"/> 19. Periläsional kranial<br><input type="checkbox"/> 20. Periläsional caudal<br><input type="checkbox"/> 21. Periläsional ventral<br><input type="checkbox"/> 22. Periläsional dorsal<br><input type="checkbox"/> 23. Periläsional lateral<br><input type="checkbox"/> 24. Periläsional medial |
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