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| **Therapie- und Dokumentationsplan** | **BGSW-Klinik:** | […] |
| **Berufsgenossenschaftliche Stationäre Weiterbehandlung (BGSW)** |
|  | Unfalltag: | […] | Diagnose: | […] |
|  | Aufnahmetag: | […] | Belastung: | […] |
|  |  | BGSW-Plan von: | […] | bis: | […] | Ziel der BGSW: | […] |
| Pat.-Aufkleber |  | Entlassung voraussichtlich am: | […] |  | […] |
|  |  | Entlassung bereits erfolgt am: | […] | Besonderheiten: | […] |
|  |  | Verantwortliche/r  |  |  |  |
|  | Therapeut/in: | […] |  | […] |
|  | Unterschrift der Chefärztin/des Chefarztes: | […] | Versicherte Person kann nach der BGSW voraussichtlich ihre/seine bisherige Tätigkeit wieder aufnehmen: [ ]  ja [ ]  nein |
|  | (Datum) | (Unterschrift) |
| Behandlungstag (Datum):  | […] | […] | […] | […] | […] | […] | […] | […] | […] | […] | […] | […] | […] | […] |
| Therapiemaßnahme: (KTL) | Min.: \* | Min.: \* | Min.: \* | Min.: \* | Min.: \* | Min.: \* | Min.: \* | Min.: \* | Min.: \* | Min.: \* | Min.: \* | Min.: \* | Min.: \* | Min.: \* |
| […] | […] | […] | […] | […] | […] | […] | […] | […] | […] | […] | […] | […] | […] | […] |
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| […] | […] | […] | […] | […] | […] | […] | […] | […] | […] | […] | […] | […] | […] | […] |
| […] | […] | […] | […] | […] | […] | […] | […] | […] | […] | […] | […] | […] | […] | […] |
| […] | […] | […] | […] | […] | […] | […] | […] | […] | […] | […] | […] | […] | […] | […] |
| […] | […] | […] | […] | […] | […] | […] | […] | […] | […] | […] | […] | […] | […] | […] |
| Unterschrift der versicherten Person:(Ich bestätige die Therapie-maßnahmen und deren Dauer) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| \* Bitte Therapiedauer in Minuten angeben! Bitte Plan sofort nach Abschluss der 14-tägigen Behandlung dem zuständigen Unfall-versicherungsträger übersenden! Für weitere Behandlung bitte neuen Plan verwenden! |