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| Dokumentation Erweiterte Ambulante Physiotherapie (EAP)/Medizinische Trainingstherapie (MTT) isoliert |
| EAP-Institut: | […] | Name, Vorname der versicherten Person: | […] |
| Geburtsdatum: | […] | Unfalltag: | […] | Kooperationsärztin/Kooperationsarzt: | […] |
|  | Kostenzusage durch UV-Träger am: | […] (Verordnung beifügen) |
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| Datum | EAP als Komplextherapie (Krankengymnastik, physikalische Therapie, MTT)mindestens 120 Minuten | MTT isoliertmindestens 60 Minuten | Tests, Untersuchungen, Berichte |
|  | Unterschrift der versicherten Person | Unterschrift der versicherten Person | Erstellung u. Dokumentation Therapieplan | Eingangs- u. Abschlusstests an isokinet. Geräten | Auswertung der isokinet. Eingangs- u. Abschlusstests |
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