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| **Pakiet**  **42** |  |  |  |  |  |  |  |
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| **Lp** | **Nazwa Asortymentu** | **j.m.** | **Ilość** | **cena netto** | **wartość netto** | **% VAT** | **Wartość Brutto** |
| 1 | Eftiar Dekalina fiolki/7ml | fiol. | 6 |  |  |  |  |
| 2 | Healaflow hialuronian sodu ampułko strzykawka/0,6 ml | amp. | 10 |  |  |  |  |
|  | Ogólna wartość brutto................... |  |  |  |  |  |  |
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podpis osoby

upoważnionej................

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| **Pakiet 45** |  |  |  |  |  |  |  |
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| **Lp** | **Nazwa Asortymentu** | **j.m.** | **Ilość** | **Cena Netto** | **wartość netto** | **% VAT** | **Wartość Brutto** |
| 1 | Augumentin 1000mg x 14 tabl. | Op. | 170 |  |  |  |  |
| 2 | Curosurf 120mg/1,5mlx2 | Op. | 1 |  |  |  |  |
| 3 | Levofloksacyna 250mgx10tab | Op. | 5 |  |  |  |  |
| 4 | Levofloksacyna 500mgx10tab | Op. | 45 |  |  |  |  |
|  | Ogólna wartość brutto |  |  |  |  |  |  |
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|  | podpis osoby upoważnionej............................... |  |  |  |  |  |  |