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| **CİHAZ ADI** |  | | | | | |
| **DEMİRBAŞ NO** |  | | | | | |
| **CİHAZ KODU** |  | | | | | |
| **SERİ NO** |  | | | | | |
|  | **ADRESİ** | | **TEL. NO** | | **FAX NO** | |
| **İMALATÇI FİRMA** |  | |  | |  | |
| **SATICI FİRMA** |  | |  | |  | |
| **BAKIMCI FİRMA** |  | |  | |  | |
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| **CİHAZ BAKIM PERİYODU:** | | | | | | |
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| **YAPILAN İŞLEMLER** | | **TARİH** | | **SORUMLU** | | **İMZA** |
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