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|  | **PAKIET LEKOWY NR 39 A** |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **lp** | **NAZWA ASORTYMENTU** | **J.M.** | **ILOŚC** | **CENA JEDN. NETTO** | **WARTOŚC NETTO** | **VAT** | **Wartość brutto** |
| 1 | Dexak inj.0,05g/2mlx5 amp | Op. | 1700 |  |  |  |  |
| 2 | EFIENT 10 MGX28 TABL. | Op. | 1 |  |  |  |  |
| 3 | Espumisan 40 mg\*100 kaps. | Op. | 55 |  |  |  |  |
| 4 | Nebilet 5 mg\*28 tabl. | Op. | 280 |  |  |  |  |
| 5 | Nitrendypina tabl. 10mg x 30szt | Op. | 2 |  |  |  |  |
| 6 | Nitrendypina tabl. 20mg x 30szt | Op. | 2 |  |  |  |  |
| 7 | NITROMINT AEROZOL 200 DAWEK | Op. | 10 |  |  |  |  |
| 8 | NODON KROPLE DO OCZU 5 ML | Op. | 25 |  |  |  |  |
| 9 | Pangrol 10 000 j. 20 kaps | Op. | 100 |  |  |  |  |
| 10 | Primacor tabl. powl.0,02gx28szt | Op. | 2 |  |  |  |  |
| 11 | Primacor tabl.powl.0,01gx28szt | Op. | 170 |  |  |  |  |
| 12 | Siofor 500 mg\*30 tabl.powl. | Op. | 120 |  |  |  |  |
| 13 | Siofor 850\*30 tabl.powl. | Op. | 40 |  |  |  |  |
| 14 | Skudexa 75mg+25mg tabl.powlekanex20szt. | Op. | 15 |  |  |  |  |
| 15 | Trifas 10 mg\*30 tabl. | Op. | 105 |  |  |  |  |
| 16 | Trifas 5 mg\*30 tabl | Op. | 95 |  |  |  |  |
| 17 | Trifas inj,0,02g/4mlx5amp. | Op. | 720 |  |  |  |  |
| 18 | Zofenil 0,0075gx28tabl. Powl. | Op. | 60 |  |  |  |  |
| 19 | Zofenil0,03gx28tabl.powl. | Op. | 50 |  |  |  |  |
|  | Ogólna wartość brutto: |  |  |  |  |  |  |
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|  | podpis osoby upowaznionej..................................................... |  |  |  |  |  |  |
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