

|           |  |                            |            |
|-----------|--|----------------------------|------------|
| Odběratel | Fakultní nemocnice Brno<br>pracoviště Nemocniční lékárna | Objednávka číslo           | 2241730811 |
| Adresa    | Jihlavská 20   | Datum objednávky           | 05.11.2024 |
| PSČ       | 625 00 Brno  | Dodavatel č.               | 1086       |
| Telefon   | 532 233 806  | Měna                       |            |
| Fax       | 532233687  | DODAVATEL                  | iČ         |
| E-mail    | Kozakova.Sarka@fnbrno.cz                                 | Alliance Healthcare s.r.o. | 14707420   |
| Banka     | Česká národní banka                                      | Podle trati 624/7          |            |
| Účet      | 71234621/0710  | 108 00Praha                |            |
| iČ        | 65269705   |                            |            |
| DIČ       | CZ65269705   |                            |            |

Tímto potvrzujeme Vaši objednávku, kterou u nás objednáváte:

## Dodavatelské

| číslo zboží | Text                              | Jedn                           | Množství |
|-------------|-----------------------------------|--------------------------------|----------|
|             | ABIRATERONE SANDOZ                | 500MG TBL FLM 60 II            | KS 5     |
|             | AMOSIKLAV 625mg                   | tbl obd 21x625mg               | KS 50    |
|             | ATROPIN BBP                       | 0,5MG/ML INJ SOL 10X1ML        | KS 50    |
|             | BETALOC ZOK 25MG                  | 25MG TBL PRO 28                | KS 20    |
|             | BRINTELLIX 10 MG                  | POR TBL FLM 28X10MG            | KS 3     |
|             | BURONIL 25 MG                     | POR TBL FLM 50X25MG            | KS 10    |
|             | CYCLO 3 FORT                      | 150MG/150MG/100MG CPS DUR 30 I | KS 5     |
|             | DETRALEX                          | tbl obd 30                     | KS 3     |
|             | DILURAN                           | tbl 20x250mg                   | KS 10    |
|             | DIPROSONE                         | 0,5MG/G CRM 30G                | KS 15    |
|             | DIPROSONE                         | 0,5MG/G CRM 30G                | KS 5     |
|             | EGILOK 25MG                       | TBL 60X25MG                    | KS 10    |
|             | FAMOSAN 20 MG                     | POR TBL FLM100X20MG            | KS 2     |
|             | IMACORT CRM 20G                   | 10MG/G+2,5MG/G+5MG/G CRM 20G   | KS 10    |
|             | ISOKET ROZTOK 0,1% AMPULE         | 1MG/ML INF SOL 10X10ML         | KS 5     |
|             | KVENTIAX 25 MG POTAHOVANÉ TABLETY | POR TBL FLM 30X25MG            | KS 10    |
|             | MEDROL 4MG                        | 4MG TBL NOB 30 II              | KS 3     |
|             | METAMIZOLE KALCEKS                | 500MG/ML INJ SOL 10X2ML        | KS 100   |
|             | MIRZATEN 30{692}                  | POR TBL FLM 30X30MG            | KS 3     |
|             | PANTOPRAZOLE ZENTIVA 20 MG        | POR TBL ENT 28X20MG            | KS 30    |
|             | PANTOPRAZOLE ZENTIVA 40 MG        | POR TBL ENT 28X40MG            | KS 30    |
|             | PROPANORM 150MG                   | TBL OBD 50X150MG               | KS 3     |
|             | TERLIPRESIN ACETÁT EVER PHARMA    | 0,2MG/ML INJ SOL 5X5ML         | KS 10    |
|             | TIAPRIDAL                         | 100MG/2ML INJ SOL 12X2ML       | KS 50    |
|             | TRITTICO AC 150MG                 | TBL RET 45                     | KS 5     |
|             | TRITTICO AC 75MG                  | TBL RET 45                     | KS 5     |
|             | VIDISIC                           | GEL OPH 3X10GM                 | KS 30    |
|             | ACC 100 NEO                       | POR TBL EFF 20X100MG           | KS 2     |
|             | EXCIPIAL U LIPOLOTIO              | 40MG/ML DRM EML 200ML          | KS 4     |
|             | INFADOLAN                         | 1600IU/G+300IU/G UNG 30G II    | KS 28    |
|             | INFADOLAN                         | 1600IU/G+300IU/G UNG 30G II    | KS 32    |
|             | VERAL 1% GEL                      | DRM GEL 1X50GM II              | KS 30    |
|             | Tasectan 500 mg/15tobolek         | 15tobolek                      | KS 10    |

Celková částka s DPH: 89195 Kč.

Objednávka akceptována  
Fakultní nemocnice Brno