

TELEFONSVARSBLANKETT

Patientens namn: _____

Födelsedatum: _____

Provart: _____

Provtagningsdatum: _____

Telsvar lämnat av: _____ **Telsvar mottaget av:** _____

Datum: _____

ISOLAT

I

II

III

IV

V

| Antibiotika | I | II | III | IV | V |
|-------------------------|---|----|-----|----|---|
| Ampicillin | | | | | |
| Cefadroxil | | | | | |
| Cefotaxime | | | | | |
| Ceftazidim | | | | | |
| Cefuroxime | | | | | |
| Ciprofloxacin | | | | | |
| Clindamycin | | | | | |
| Erythromycin | | | | | |
| Fucidin | | | | | |
| Gentamicin | | | | | |
| Imipenem | | | | | |
| Isoxapenicilliner | | | | | |
| Kloramfenikol | | | | | |
| Mecilliname | | | | | |
| Meropenem | | | | | |
| Metronidazol | | | | | |
| Nitrofurantoin | | | | | |
| Norfloxacin | | | | | |
| Penicillin G | | | | | |
| PenicillinV | | | | | |
| Piperacillin/Tazobactam | | | | | |
| Rifampicin | | | | | |
| Tetracykliner | | | | | |
| Trimethoprim | | | | | |
| Trim-sulfa | | | | | |
| Vancomycin | | | | | |
| | | | | | |

Övrigt: _____
