**GRILLE DES PRESTATIONS**

Nom et prénom : Mois et année : Grille envoyée le : Ticket modérateur : OUI – NON

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| Nom du patient  | Prénom du patient | Soins réalisés chez le patient | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 |
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N’oubliez pas de nous prévenir en cas de rétrocessions afin que nous puissions vous faire parvenir la facture relative à celles-ci. Vous pouvez utiliser autant de grilles que nécessaire selon le nombre de patients.

**GRILLE DES PRESTATIONS : exemple**

Nom et prénom : **Dupont Emilie** Mois et année : **Janvier 2020** Grille envoyée le : **3 février 2020** Ticket modérateur : OUI – **NON**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Nom du patient  | Prénom du patient | Soins réalisés chez le patient | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 |
| **DUPONT** | **EMILE** | **Toilette****Pansement simple****Injection IM** | **x** | **x** | **x****x****x** | **x** | **x** | **x** | **x** |  |  | **x** |  | **X****X****x** | **x** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **MARTIN** | **FLORE** | **Toilette****Perfusion****Préparation médicaments** |  |  |  |  |  |  |  |  |  |  |  |  |  |  | **X****X****X** | **x** | **x** | **x** | **X****X** | **x** | **x** | **X****x** | **X****X** |  |  |  |  |  |  |  |  |
| **DETHIER** | **PAULINE** | **Pansement complexe** | **x** |  | **x** |  | **x** |  | **x** |  |  |  |  |  | **x** |  | **x** |  | **x** |  | **x** |  | **x** |  | **x** |  |  |  |  |  |  |  |  |
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Les cases vides signifient qu’il n’y a pas de passage ce jour la chez le patient. Chaque croix doit être mise à côté du soin réalisé ce jour là. Les chiffres en haut des colonnes représentent le jour du mois.