

VERORDNUNGSBLATT „TRINKNAHRUNG“

Stand 11/2025

Patient/in:	SV-Träger:
Lieferadresse:	
Telefonnummer:	Entlassungsdatum:
Geb. Datum:	Vers. Nr.:
Diagnose:	

FRESUBIN ENERGY DRINK 24 x 200 ml EasyDrink

- | | | | |
|--|---------|--|---------|
| <input type="checkbox"/> Vanille (7896601) | OP..... | <input type="checkbox"/> Waldfrucht (7890601) | OP..... |
| <input type="checkbox"/> Erdbeere (7894601) | OP..... | <input type="checkbox"/> Cappuccino (7891601) | OP..... |
| <input type="checkbox"/> Schokolade* (7892601) | OP..... | <input type="checkbox"/> Mischkarton (789661S) | OP..... |

FRESUBIN ENERGY FIBRE DRINK 24 x 200 ml Easy Drink

- | | | | |
|---|---------|--|---------|
| <input type="checkbox"/> Erdbeere (7902601) | OP..... | <input type="checkbox"/> Mischkarton (790161S) | OP..... |
| <input type="checkbox"/> Schokolade (7900601) | OP..... | | |
| <input type="checkbox"/> Vanille (7903601) | OP..... | | |

DIBEN DRINK 24 x 200 ml Easy Drink Mischkarton (787161S) OP.....

PROVIDE XTRA DRINK 24 x 200 ml Easy Drink

- | | | | |
|--|---------|--|---------|
| <input type="checkbox"/> Johannisbeere (8007631) | OP..... | <input type="checkbox"/> Mischkarton (800163S) | OP..... |
|--|---------|--|---------|

FRESUBIN 2 KCAL (FIBRE*) DRINK 24 x 200 ml Easy Drink

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|--|---------|--|---------|
| <input type="checkbox"/> Neutral (80266411) | OP..... | <input type="checkbox"/> Aprikose-Pfirsich (8016641) | OP..... |
| <input type="checkbox"/> Schokolade* (7888601) | OP..... | <input type="checkbox"/> Cappuccino* (7887601) | OP..... |
| <input type="checkbox"/> Vanille (8008641) | OP..... | <input type="checkbox"/> Erdbeere (8542601) | OP..... |
| <input type="checkbox"/> Waldfrucht (7881601) | OP..... | <input type="checkbox"/> Mischkarton (792961S) | OP..... |

FRESUBIN 3.2 KCAL DRINK 24 x 125 ml Easy Drink

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|---|---------|--|---------|
| <input type="checkbox"/> Haselnuss (7096801) | OP..... | <input type="checkbox"/> Mischkarton (709581S) | OP..... |
| <input type="checkbox"/> Vanille-Karamell (7203801) | OP..... | | |
| <input type="checkbox"/> Mango (7097801) | OP..... | | |
| <input type="checkbox"/> Cappuccino (7095801) | OP..... | | |

FRESUBIN PROTEIN ENERGY DRINK 24 x 200 ml Easy Drink

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|--|---------|---|---------|
| <input type="checkbox"/> Cappuccino (8341601) | OP..... | <input type="checkbox"/> Vanille (8346601) | OP..... |
| <input type="checkbox"/> Nuss (8343601) | OP..... | <input type="checkbox"/> Walderdbeere (8344601) | OP..... |
| <input type="checkbox"/> Multifrucht (8345601) | OP..... | <input type="checkbox"/> Mischkarton (756761S) | OP..... |
| <input type="checkbox"/> Schokolade (8342601) | OP..... | | |

FRESUBIN 2 KCAL CRÈME 24 x 125 g Becher

- | | | | |
|---|---------|---|---------|
| <input type="checkbox"/> Cappuccino (7162701) | OP..... | <input type="checkbox"/> Walderdbeere (7177701) | OP..... |
| <input type="checkbox"/> Schokolade (7169701) | OP..... | <input type="checkbox"/> Mischkarton (720171S) | OP..... |
| <input type="checkbox"/> Vanille (7174701) | OP..... | | |

FRESUBIN RENAL DRINK 24 x 200 ml Easy Drink Vanille (7936601) OP.....

FRESUBIN YOCRÈME 24 x 125 g Becher

- | | | | |
|--|---------|--|---------|
| <input type="checkbox"/> Aprikose-Pfirsich (7295701) | OP..... | <input type="checkbox"/> Mischkarton (702971S) | OP..... |
| <input type="checkbox"/> Himbeere (7435701) | OP..... | | |

CALSHAKE 7 x 87 g Sachets

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|---|---------|--|---------|
| <input type="checkbox"/> Banane (8951141) | OP..... | <input type="checkbox"/> Vanille (8951161) | OP..... |
| <input type="checkbox"/> Erdbeere (8951151) | OP..... | <input type="checkbox"/> Neutral (8951171) | OP..... |
| <input type="checkbox"/> Schokolade (8951131) | OP..... | | |

THICK & EASY Neutral (7917681) 1 x 225 g Dose OP.....

Fresubin PRO Drink 24 x 200 ml Easy Drink

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|--|---------|
| <input type="checkbox"/> Aprikose-Pfirsich (7910601) | OP..... |
| <input type="checkbox"/> Cappuccino (7925601) | OP..... |
| <input type="checkbox"/> Neutral (7710601) | OP..... |
| <input type="checkbox"/> Vanille (7717601) | OP..... |

Anmerkungen:

Ort, Datum

Unterschrift/Stempel des Arztes