

**WYKAZ LEKÓW DO POMOCY DORAŻNEJ - Załącznik nr 4 do zapytania ofertowego**

| <b>Lp.</b>                            | <b>Nazwa leku</b>               | <b>ILOŚĆ</b> | <b>CENA NETTO ZA OP.</b> | <b>WARTOŚĆ NETTO</b> | <b>% VAT</b> | <b>WARTOŚĆ BRUTTO</b> |
|---------------------------------------|---------------------------------|--------------|--------------------------|----------------------|--------------|-----------------------|
| 1                                     | Alantan maść 30,0               | 20           |                          |                      |              |                       |
| 2                                     | Alax tabl. x 20 tabl.           | 4            |                          |                      |              |                       |
| 3                                     | Altacet tabl. 1,0 x 6 tabl.     | 10           |                          |                      |              |                       |
| 4                                     | Altacet żel 75,0                | 10           |                          |                      |              |                       |
| 5                                     | Apap 500 mg x 24 tabl.          | 12           |                          |                      |              |                       |
| 6                                     | Cardiamid+Coffeinum 35g         | 8            |                          |                      |              |                       |
| 7                                     | Cardiol C krople 40,0           | 15           |                          |                      |              |                       |
| 8                                     | Dermatol proszek 5 g            | 15           |                          |                      |              |                       |
| 9                                     | Ibuprom max x 24 tabl.          | 12           |                          |                      |              |                       |
| 10                                    | Krople żołądkowe 35,0           | 15           |                          |                      |              |                       |
| 11                                    | Maść arnikowa/ ung.arnicae 100g | 4            |                          |                      |              |                       |
| 12                                    | Neomycyna aerozol 55 ml         | 25           |                          |                      |              |                       |
| 13                                    | Nerwosol krople 35,0            | 20           |                          |                      |              |                       |
| 14                                    | Nifuraksazyd 200 mg x 12 tabl.  | 70           |                          |                      |              |                       |
| 15                                    | No-spa forte 0,08 g x 20 tabl.  | 6            |                          |                      |              |                       |
| 16                                    | Nurofen forte tabl. x 24 tabl.  | 15           |                          |                      |              |                       |
| 17                                    | Octanisept płyn 250 ml          | 10           |                          |                      |              |                       |
| 18                                    | Oliwka typu "Bambino" 300 ml    | 15           |                          |                      |              |                       |
| 19                                    | Oxycort aerozol 55 ml           | 25           |                          |                      |              |                       |
| 20                                    | Panthenol                       | 10           |                          |                      |              |                       |
| 21                                    | Paracetamol 500 mg x 30 tabl.   | 10           |                          |                      |              |                       |
| 22                                    | Pigmentum Castel                | 15           |                          |                      |              |                       |
| 23                                    | Raphacholin x 30 tabl.          | 5            |                          |                      |              |                       |
| 24                                    | Rivanol 100 mg x 5 tabl.        | 10           |                          |                      |              |                       |
| 25                                    | Spirytus salicylowy 100,0       | 30           |                          |                      |              |                       |
| 26                                    | Sylimarol 70 mg x 30 tabl.      | 5            |                          |                      |              |                       |
| 27                                    | Validol tabl. x 10 tabl.        | 10           |                          |                      |              |                       |
| 28                                    | Woda utleniona 100,0            | 20           |                          |                      |              |                       |
| <b>Wartość ogółem netto i brutto:</b> |                                 |              |                          |                      |              |                       |

Pieczęć i podpis Wykonawcy: .....

Miejscowość i data: .....