附件6

关岭自治县民族医生病例信息登记表

（申请擅长科目及代码参照附件8、附件9）

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **序号** | **姓名** | **性别** | **身份证号** | **职业** | **就诊时间** | **诊断** | **治疗情况** | **联系方式** | **详细地址** |
| 1 |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |  |  |  |

申请人： 联系电话： 申请擅长科目： 疾病代码：