附件5

关岭自治县民族医生考核病例信息登记表

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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 |  |  |  |  |  |  |  |  |  |
| ... |  |  |  |  |  |  |  |  |  |
| ... |  |  |  |  |  |  |  |  |  |
| 50 |  |  |  |  |  |  |  |  |  |