**汾阳医院医联体会诊病例申请表**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 患者姓名 |  | | 性别 |  | 年龄 |  | 病案号 |  |
| 家庭住址 |  | | | | | | 邮编 |  |
| 身份证号 |  | | | | | | 主管医生 |  |
| 联系电话 |  | | | | | | 申请日期 |  |
| 医联体单位 | |  | | | | | 邀请科室 |  |
| 病史：  辅助检查  诊断  建议 | | | | | | | | |