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| --- | --- | --- | --- |
| **姓名：** | **病历号:** | **就诊次数:** | **就诊时间:** |
| **医生:** | **科室:** | **诊位:** | **护士:** |

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| --- | --- |
| 主 诉： |  |
| 现病史： |  |
| 既往史： |  |
| |  | | --- | |  | | |
| 医 嘱： |  |