远程会诊专家意见报告单

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 订单编号 | | ${order\_view\_id} | | | | | | |
| 患者姓名 | | ${name} | | 性别 | ${sex} | | 年龄 | ${age} |
| 联系方式 | | ${mobile\_number} | | 身份证 | ${id\_card} | | | |
| 申请医院 | | ${from\_hospital} | | 会诊形式 | ${type} | | | |
| 申请科室 | | ${from\_dept} | | 申请医生 | ${from\_doctor} | | | |
| 会诊时间 | | ${begin\_time} | 至 | | ${finish\_time} | | | |
| 会诊医院 | | ${to\_hospital} | | | | | | |
| 会诊科室 | | ${to\_dept} | | 会诊专家 | ${to\_doctor} | | | |
| 主诉: | | | | | | | | |
| ${main\_suit} | | | | | | | | |
| 专家诊断意见： | | | | | | | | |
| ${opinion} | | | | | | | | |
| 专家签名： | ${patient\_signature} | | | | | | | |
| 此报告仅供临床医师参考，不作任何证明，无医师签名报告无效。  **报告日期：** | | | | | | ${date} | | | |