附件3:

**“群众选名医”申请表**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 姓名 |  | 性别 |  | 身份证号 |  |
| 病种 |  | | 联系电话 | |  |
| 需求  (坐诊、会诊、手术) |  | | | | |
| 选择专家情况(医院、科室、姓名) |  | | | | |
| 科室意见 |  | | | | |
| 医务科意见 |  | | | | |
| 分管院长意见 |  | | | | |