附件6：

克州门诊特殊慢性病人员登记汇总表

医疗机构： 医疗机构代码: 人员类别: 职工口 居民□

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 序号 | 姓名 | 身份证 | 医保卡号 | 病种名称 | 联系方式 | 申请日期 | 审核是否通过 | 审核医师 | 复核是否通过 | 复核人员 | 备注（第几种病） |
| 1 |  |  |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |  |  |  |  |  |