**Application for consultation with experts outside the hospital**

Patient sex age Department bed number Inpatient number

Admission diagnosis:

1. Application experts:

Hospital: Doctor: Title:

2. Reasons for applying for consultation with experts outside the hospital:

3. Time to invite experts for consultation:

4. I voluntarily apply for consultation with experts outside the hospital to consult with me/patients, and I am willing to bear the cost of consultation with experts outside the hospital.

Signature of patient (authorized client):

Year month day

Department opinions:

Doctors in charge:

Section Director:

Year month day

Medical Section opinion:

Section Director:

Year, month and day

Opinions of the President in charge:

Sign

Year month day