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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| {{title}} | | | | | | | | | | | | |
| **诊断证明书** | | | | | | | | | | | | |
| 门诊号: | | {{a}} | | | | | | | 就诊日期: {{f}} | | | |
| 姓名: | {{b}} | | | | 性别: | | {{c}} | 年龄: | | {{d}} | 科别: | 内科 |
| 家庭住址或工作单位: | | | | | | {{e}} | | | | | | |
| 诊断意见： | | | {{diagnosis}} | | | | | | | | | |
| 治疗经过及建议: | | | | {{dealWith}} | | | | | | | | |
| **医师**：{{doctor}} | | | | | | | | | | | | |
| {{f}} | | | | | | | | | | | | |