{{hospital\_name}} 診斷證明書

CERTIFICATE OF DIAGNOSIS

編號Certificate No.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名  Name | {{patient\_name}} | | 性別  Sex | | {{patient\_sex}} | | 出生日期  Date of Birth | {{patient\_birth}} |
| 國籍  Nationality | {{patient\_nation}} | 身分證號碼  Passport No.  (Or ID Card) | {{patient\_id}} | | | | 病歷號碼  Medical history No. | {{medical\_history}} |
| 住址  Address | {{patient\_address}} | | | | | | | |
| 診療日期  Date of Examination | {{date\_exam}} | | | 診療科別  Department | | {{department}} | | |
| 診　斷　　Diagnosis | | | | | | | | |
| {{diagnosis}} | | | | | | | | |
| 醫　囑　　Doctor’s Comment | | | | | | | | |
| {{doctor\_comment}} | | | | | | | | |
| 【醫療院所名稱】 {{hospital\_name}}  【醫療院所地址】{{hospital\_address}}  院　　　長 : {{advisor\_name}}　　　　　診治醫師 : {{doctor\_name}}  Superintendent：　　　　　　　　　　　　Certified by　　　　　　　　　　　　　M.D  Attending Physician  日　　　期: {{date\_exam}}  Certificate Date： | | | | | | | | |

中華民國醫師公會全國聯合會製作