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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **XXXX的会诊意见书** | | | | | | | | | | | | | | | | |
| **姓名：** | |  | | | **性别：** | |  | | | **年龄：** | | | |  | | |
| **证件号码：** | |  | | | | | | | | **患者电话：** | | | |  | | |
|  |  |  | |  |  |  | |  |  | |  | |  | |  |  |
| **主治医生：** | |  | | | | | | **申请时间：** | | |  | | | | | |
| **患者主诉：** | |  | | | | | | | | | | | | | | |
| **初步诊断：** | |  | | | | | | | | | | | | | | |
| **会诊目的和要求：** | | |  | | | | | | | | | | | | | |
| **专家XXX的会诊方案** | | | | | | | | | | | | | | | | |
| **会诊意见：** | |  | | | | | | | | | | | | | | |
| **治疗方案：** | |  | | | | | | | | | | | | | | |
| **会诊医生：** | | | |  | | | | **会诊时间：** | | | |  | | | | |
| **首诊医生XXX总结本次会诊** | | | | | | | | | | | | | | | | |
| **会诊意见总结：** | | |  | | | | | | | | | | | | | |
| **治疗方案（综合性）：** | | |  | | | | | | | | | | | | | |
| **主诊医生：** | | | |  | | | | **会诊时间：** | | | |  | | | | |