二、操作技能

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **序号** | **操作名称** | **病人姓名** | **操作日期** | **病历号/检查号** | **是否成功** | **诊断结果** |
| #{skill\_seq} | #{skill\_operName} | #{skill\_pName} | #{skill\_operDate} | #{skill\_mrNo} | #{skill\_result} | #{skill\_fail\_diagnosticResults} |

申诉

|  |  |  |  |
| --- | --- | --- | --- |
| **序号** | **申诉对象** | **申诉数量** | **申诉原因** |
| #{seq} | #{typeName} | #{appealNum} | #{appealResaon} |