门诊病历登记

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **序号** | **疾病名称** | **病例号** | **个人总结** | **日期** | **指导教师签字** |
| #{case\_seq} | #{diseaseName} | #{caseNumber} | #{summary} | #{date} | #{teacherSignature} |