附件

河海大学医院疾病诊断书

姓名 性别 年龄

部门 门诊号

拟诊断

建议（含药物名称、剂量及疗程）：

医师签名：

年 月 日

Hohai University Hospital Medical Diagnosis Certificate

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 　 Gender: \_\_\_\_\_\_\_\_\_\_\_ 　 Age: \_\_\_\_\_\_

Department/College:\_\_\_\_\_\_\_\_\_\_\_\_\_　 Outpatient No: \_\_\_\_\_\_\_\_

Provisional Diagnosis：

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical Recommendations (Including Medication Name, Dosage & Treatment Course):

Physician's Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_