院内多学科MDT会诊申请单

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| **患者姓名** |  | **性 别** |  | **年 龄** |  | **住院号** |  |
| **会诊地点** |  | | | **申请会诊时间** | |  | |
| **病情摘要**： | | | | | | | |
| **拟申请会诊科室**：   1. 2. 3. 4. 5. 6. | | | | | | | |
| **会诊理由及目的**： | | | | | | | |
| **医务科安排：**  **日期：** | | | | | | | |
| **多学科会诊后结果追踪：**  **回访者：**  **回访时间：** | | | | | | | |