附件4：

医师定期考核人员申报表

医师执业注册所在机构（盖章）： 填表人：

联系电话： 传真： 年 月 日

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| 序号 | 姓名 | 性  别 | 注册年度 | 医师执业证书编号 | 类别 | 专业 | 考核结果 | |
| 工作成绩 | 职业道德 |
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