**附件2-患者用药清单**

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| 姓名： | | | | 性别： □男 □女 | | | | |
| 出生日期： | | | | 联系电话： | | | | |
| 诊疗卡号或住院号： | | | | 就诊日期： | | | | |
| **清单包含所有使用的药品：包括处方药，非处方药，中药品，和膳食补充剂。请随身携带您的个人用药清单，并向医生和药师出示。** | | | | | | | | |
| 药品 | | | 用法用量 | | | 起止时间 | | 注意事项 |
| 名称 | 规格 | 用途 | 剂量 | | 用法 | 开始 | 停止 |
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