肇东市明久乡卫生院

**外配专用处方笺**

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|  | | 2024年 | |  | 月 |  | 日 | |  | |
| 姓　名 | |  | 性　别 | |  | | 年　龄 |  | |
| 身份证号 | |  | | | | | | | |
| 诊　断 | |  | | | | | | | |
| R P: | | | | | | | | | |
|  |  | | | | | | | | |
| 医 生 | |  |  | |  | |  |  | |

**注：1、此处方当日有效，无医生签名章及外配处方专用章无效。**

**２、此处方根据病情的需要而出具，医保核销时要核对相关药品是否在报销目录之内，否则产生任何损失，与本院无关。**