(\_\_\_\_\_\_\_\_\_\_\_\_\_\_醫療院所)C肝篩檢轉介服務個案記錄表 成功轉介 案

附件2

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| No. | 個案姓名身分證字號 | 現住地(轄區) | 轉介日期 | 轉介院所檢查 | 完成轉介打勾 |
| 1 |  |  | \_\_\_\_\_月\_\_\_\_\_\_日 |  |  |
|  |
| 2 |  |  | \_\_\_\_\_月\_\_\_\_\_\_日 |  |  |
|  |
| 3 |  |  | \_\_\_\_\_月\_\_\_\_\_\_日 |  |  |
|  |
| 4 |  |  | \_\_\_\_\_月\_\_\_\_\_\_日 |  |  |
|  |
| 5 |  |  | \_\_\_\_\_月\_\_\_\_\_\_日 |  |  |
|  |
| 6 |  |  | \_\_\_\_\_月\_\_\_\_\_\_日 |  |  |
|  |
| 7 |  |  | \_\_\_\_\_月\_\_\_\_\_\_日 |  |  |
|  |
| 8 |  |  | \_\_\_\_\_月\_\_\_\_\_\_日 |  |  |
|  |
| 9 |  |  | \_\_\_\_\_月\_\_\_\_\_\_日 |  |  |
|  |
| 10 |  |  | \_\_\_\_\_月\_\_\_\_\_\_日 |  |  |
|  |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_醫療院所 填表人:\_\_\_\_\_\_\_\_\_\_\_ 連絡電話:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_