附件 4

医疗、康复机构主要科室设置一览表

机构名称： 填表日期： 年 月 日

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 科室名称 | 床位数 | 临床医师人数 | 注册护士人数 | 科室负责人 | 联系电话 | 业务范围 |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |