**中日医院疼痛疑难危重症会诊中心报告单**

**编号：**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **患者姓名** |  | | **性别** |  | **年龄** |  | **病案号** |  |
| **家庭住址** |  | | | | | | **邮 编** |  |
| **身份证号** |  | | | | | | **就诊卡号** |  |
| **联系电话** |  | | | | | | **申请日期** |  |
| **曾就诊医院** | |  | | | | | **会诊日期** |  |
| **病史：**  **辅助检查：**  **诊断**：  **建议：**  **疼痛疑难危重症会诊中心**  **年 月 日** | | | | | | | | |