**一般診斷證明書**

**CERTIFICATE OF DIAGNOSIS**

編號Certificate No.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 姓名Name |  | 性別Sex |  | 出生日期Date of Birth |  |
| 國籍Nationality |  | 身分證號碼Passport No.(or ID Card) |  | 病歷號碼Chart No. |  |
| 住址Address |  |
| 診療日期Date ofExamination |  | 診療科別Department |  |
| 診斷Diagnosis |
|  |
| 醫囑 Doctor’s Comment |
|  |
| 醫療院所名稱醫療院所地址(英文) |
| 院長Superintendent：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_日期Certificate Date： | 診治醫師Certified by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_M.D Attending Physician |

中華民國醫師公會全國聯合會 製作