**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 of  Examination |  | | | 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