**附件2**

 **山东中医药大学附属眼科医院医保代取药登记表**

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| **时间** | **参保患者****姓名** | **参保患者****身份证号码** | **代取药人姓名** | **代取药人身份证号码** | **取药人与患者关系** | **代取药原因** | **代取药人电话**  | **代取药人签字** | **接诊医生签字** |
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