**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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