|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **表二：**  **重庆市沙坪坝区医保病人外伤登记表** | | | | | |
| **姓 名** |  | **性 别** |  | **年 龄** |  |
| **身份证号码** |  | | | | |
| **医保类别** | **职工医保（ ）居民医保（ ）** | | **联系电话** |  | |
| **诊治医院** |  | | **出院诊断** |  | |
| **受伤时间：\_\_\_\_\_年\_\_\_\_\_月\_\_\_\_\_日\_\_\_\_\_\_时** | | | | | |
| **受伤地点：\_\_\_\_\_\_省\_\_\_\_\_\_市\_\_\_\_\_\_区（县）\_\_\_\_\_\_街道（镇）\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(具体地点）** | | | | | |
| **受伤部位：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | |
| **受伤原因及经过：** | | | | | |
| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | |
| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | |
| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | |
| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | |
| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | |
| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | |
| **本人承诺以上情况属实，否则将自愿承担相应责任和后果。** | | | | | |
|  |  |  | **本人（或受托人代签）签字：** | | |
|  |  |  | **受托人与本人关系：** | | |
|  |  |  | **年 月 日** | | |
| **备注：补充证明材料请粘贴在背面** | | | | | |