**دفتر ثبت مراجعه کنندگان به پزشک**



دانشگاه علوم پزشکی و خدمات بهداشتی درمانی ایران

**مرکز بهداشتی درمانی** ...............................................

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| **ردیف** | **تاریخ مراجعه** | **شماره قبض** | **مبلغ** | **نام و نام خانوادگی** | **سن** | **جنس** | | **علت مراجعه** | **تشخیص اولیه** | **اقدامات انجام شده** | | | **ملاحظات** |
| **مونث** | **مذکر** | **مشاوره** | **درمان** | **ارجاع** |
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