|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 附件3 | | | | | | | | |
| **“福康工程”假肢矫形器患者筛查登记表** | | | | | | | | |
| **序号** | **姓名** | **性别** | **年龄** | **身份证号** | **户籍所在地** | **诊断** | **是否符合假肢、矫形器配置** | **联系人及电话** |
|
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |