获得麻醉药品和第一类精神药品处方权执业医师一览表

医疗机构（公章）： 填表人： 填表时间： 年 月 日

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| 姓 名 | 性别 | 年龄 | 职称 | 资格证书号码 | 执业证书号码 | 所在科室 | 从业年限 | 培训是否合格 | 手写签名 |
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