一般診斷證明書(英文版)範例 CERTIFICATE OF DIAGNOSIS

編號 Certificate No.

| 姓名 Name | | | 性別 Sex | | 出生日期 Date of Birth | |
|--------------------------------|-----|---------------------------------------|------------------|----------------|--------------------------------|-----|
| 國籍 Nationality | | 身分證號碼 Passport No. (Or ID Card) | | | 病歷號碼 Medical history No. | |
| 住址 Address | | | | | | |
| 診療日期 Date of Examination | | | | 系科別 artment | | |
| 診 斷 Diagnosis | | | | | | |
| | | | | | | |
| 醫 噣 Doctor's Comment | | | | | | |
| | | | | | | |
| 【醫療院所名稱】 | | | | | | |
| 【醫療院所地址(英文)】 | | | | | | |
| 院 長 Superintender | nt: | | 治醫師 rtified b | oyAttend | ling Physician | M.D |
| 日 期 Certificate Da | te: | | | | | |