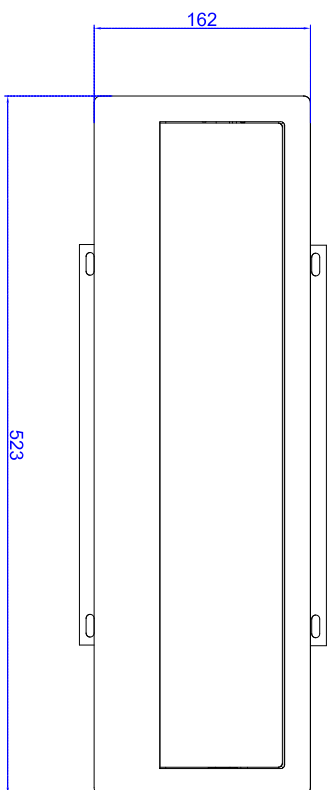
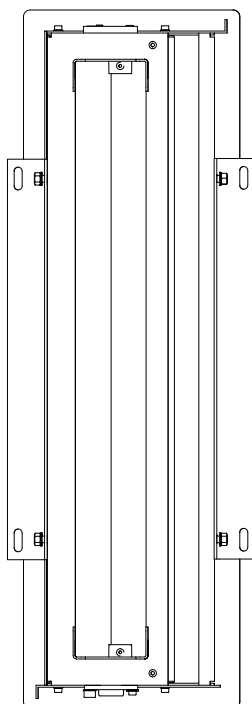
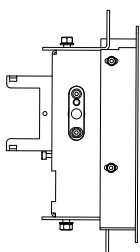
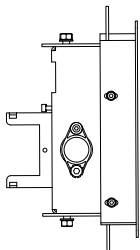




1. 姓名 (Name) 2. 性别 (Gender) 3. 出生日期 (Date of Birth) 4. 身份证号 (ID Number) 5. 联系电话 (Phone Number) 6. 电子邮箱 (Email Address) 7. 职业 (Occupation) 8. 学历 (Education) 9. 婚姻状况 (Marital Status) 10. 健康状况 (Health Status) 11. 血型 (Blood Type) 12. 过敏史 (Allergy History) 13. 既往病史 (Past Medical History) 14. 家族病史 (Family Medical History) 15. 现病史 (Present Medical History) 16. 体格检查 (Physical Examination) 17. 实验室检查 (Laboratory Tests) 18. 影像学检查 (Imaging Tests) 19. 诊断 (Diagnosis) 20. 治疗 (Treatment) 21. 预后 (Prognosis) 22. 随访 (Follow-up) 23. 其他 (Other)		3. 姓名 (Name) 4. 性别 (Gender) 5. 出生日期 (Date of Birth) 6. 身份证号 (ID Number) 7. 联系电话 (Phone Number) 8. 电子邮箱 (Email Address) 9. 职业 (Occupation) 10. 学历 (Education) 11. 婚姻状况 (Marital Status) 12. 健康状况 (Health Status) 13. 血型 (Blood Type) 14. 过敏史 (Allergy History) 15. 既往病史 (Past Medical History) 16. 家族病史 (Family Medical History) 17. 现病史 (Present Medical History) 18. 体格检查 (Physical Examination) 19. 实验室检查 (Laboratory Tests) 20. 影像学检查 (Imaging Tests) 21. 诊断 (Diagnosis) 22. 治疗 (Treatment) 23. 预后 (Prognosis) 24. 随访 (Follow-up) 25. 其他 (Other)
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