附件1

广东省互联网医疗服务监管平台接入申请表

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **申请单位** | |  | | | | |
| **性质** | | **🞎公立 🞎民营** | | | | |
| **联系人** | |  | **联系电话** |  | **邮编** |  |
| **接入业务**  **负责人** | |  | **手机号码** |  | **身份证号码** |  |
| **通信地址** | |  | | **邮箱** |  | |
| **相关资质** | | **单位资质（医疗执业许可证，符后）** | | | | |
| **机构属地** | |  | | | | |
| **拟开展服务范围** | | **（内科、外科、儿科、妇科等）** | | | | |
| **相关服务承诺** | |  | | | | |
| **申请理由** |  | | | | | |
| **申请单位意见** | | | | | | |
| **法人（签字）：**  **（单位印章）**  **年 月 日** | | | | | | |