医院注册医师名单

联系人: 联系电话:

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| **序号** | **姓名** | **职称** | **科室** | **身份证号** | **联系电话** | **备注** |
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注：参赛医师一经抽取不得更换，各单位报名单时请将长期外出、身体患病及孕产妇等不能按时参赛的医师标注清楚。