附件3

**医师定期考核合格防伪标贴申领登记表**

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| **序号** | **日期** | **申领数（枚）** | **退回数（枚）** | **经办人签名** |
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| **省/市/区医师定期考核工作办公室 （盖章）** | | | | |

注：此表为省级医师定期考核工作办公室申领防伪标识时填列，一式二份，不得复印，全国考核办和省级医师定期考核工作办公室各执一份，每次登记时相互核对。