附件1

医药代表拜访医务人员预约登记表

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 登记时间 |  | | | | |
| 来访公司 |  | | | | |
| 来访人员 | 职务 | 身份证号 | | | 联系电话 |
|  |  |  | | |  |
|  |  |  | | |  |
| 来访事由： | | | | | |
| 拜访人员 |  | | 拜访科室 |  | |
| 拜访人员 |  | | 拜访科室 |  | |
| 备注 |  | | | | |