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| 表2　 苏州工业园区医师定期考核名单表  **单位名称** | | | | | | | | | | | |
| 单位名称 | 考核医师信息 | | | | | | | | 考核情况 | | |
| 姓名 | 性别 | 年龄 | 类别 | 级别 | 执业范围 | 技术职务 | 联系电话 | 考核方式 | 考试结果 | 考核机构 |
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| **注：该表由被考核机构向委托的考核机构申报** | | | | |  |  |  |  |  |  |  |