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| **药物列表** |  |

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| **姓名:** | **更新信息日期:** |
| **身份证号码:** |  |

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| **病况** | **药物/食物敏感** |
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**药物 / 保健品**

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| **编号** | **药物名称和剂量** | **如何服用药物** | **药物用途** |
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