**附件3**

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| **景德镇市第二人民医院医药代表拜访登记表** |
| **序号** | **姓名** | **身份证号码** | **所属单位/公司** | **联系电话** | **事由** | **时间** | **地点** | **接待人** | **备注** |
| 1 |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |  |  |  |