附件4：

药械代表登记备案表

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **药械企业名称**  **（盖章）** | | |  | | | |
| **药械产品**  **基本信息** | | |  | | | |
| **申请来院事由** | | |  | | | |
| **药械代表基本信息** | | | | | | |
| **姓 名** | |  | | **性 别** |  | 电子照片 |
| **年 龄** | |  | | **联系电话** |  |
| **从业资质** | |  | | **从业年限** |  |
| **身份证号：** | | | | | |
| **诚信档案** | | | | | |
| **日期** | **事件** | | | | | **评价** |
|  |  | | | | |  |
|  |  | | | | |  |
|  |  | | | | |  |
|  |  | | | | |  |
|  |  | | | | |  |
|  |  | | | | |  |