附件2：

医药代表拜访医务人员接待记录表

|  |  |  |  |
| --- | --- | --- | --- |
| **接待时间** |  | **接待地点** |  |
| **医院相关人员**  **姓名及职务**  **（手签）** |  | | |
| **医药代表**  **姓名及职务**  **（手签）** |  | | |
| **会议记录** |  | | |
| **备注** |  | | |