附件1：

医药代表拜访医务人员预约登记表

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **登记时间** |  | | | | |
| **来访公司** |  | | | | |
| **来访人员** | **职务** | **身份证号** | | | **联系电话** |
|  |  |  | | |  |
|  |  |  | | |  |
| **来访事由**： | | | | | |
| **拜访人员** |  | | **拜访科室** |  | |
| **拜访人员** |  | | **拜访科室** |  | |
| **备注** |  | | | | |