

**Patient Recommendation Form of Outstanding Young TCM Practitioners of the Year 2024**  
**2024 年度杰出青年中医师 病人推荐表**

(For Patient to Complete)

Patient Name: \_\_\_\_\_  
患者姓名

Gender: \_\_\_\_\_  
性别

Age: \_\_\_\_\_  
年龄

Contact Information: \_\_\_\_\_  
联系方式

Recommended TCM practitioner: \_\_\_\_\_  
推荐中医师姓名

Time of Visit: \_\_\_\_\_  
就诊时段

Reason for Visit: \_\_\_\_\_  
就诊原因

Effectiveness of Treatment 疗效: \_\_\_\_\_  
\_\_\_\_\_

Reason for Recommendation 推荐理由: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Legal Terms:**

1. This recommendation letter is for the patient's personal use only and should not be used for commercial purposes.
2. This recommendation letter is for reference only and does not constitute any medical advice or diagnosis.
3. The quality of service and effectiveness of treatment of the recommended doctor only represents the patient's personal opinion and is not related to the hospital or the doctor himself.
4. The patient's signature represents his or her approval of the recommended doctor, and the doctor's signature represents his or her confirmation of the patient's medical records.
5. If the patient has any dissatisfaction or objections, he or she may file a complaint with the hospital or relevant regulatory authorities.

**法律声明:**

1. 本推荐表只为患者个人使用，不得用于商业用途。
2. 本推荐表仅供参考，不构成任何医疗建议或诊断。
3. 推荐医生的服务质量和疗效仅代表患者个人观点，与医院或医生本人无关。
4. 患者签名代表其对推荐医生的认可，医生签名代表其对患者的医疗记录的确认。
5. 若患者有任何不满意或异议，可向医院或相关监管部门投诉。

I hereby guarantee that the above content is true. The information filled in is voluntarily completed by the patient. I have no financial interest with the recommended TCM practitioner.

本人保证以上内容属实，所填内容均为病人自愿完成，本人与中医师无利益关系。

Patient's Signature 病人签名: \_\_\_\_\_ Date 日期: \_\_\_\_\_