**附件2**

**新罗区妇幼保健院**

**医药代表的登记备案表**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 医药生产经营企业 | |  | | 法定代表人 | | |  |
| 被授权人信息 | | | | | | | |
| 姓名 | 身份证号 | | | | 性别 | 联系电话 | |
|  |  | | | |  |  | |
| 具体授权开展的业务 | | |  | | | | |
| 授权期限 | | |  | | | | |
| 登记备案时间 | | |  | | | | |