**遵医口腔第二届“最美口腔医生”推荐表**

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| 姓 名 |  | 性 别 |  | 年 龄 | |  | 民 族 |  | 政治面貌 |  |
| 所在部门 | | 口腔医院 | | | | | | 从事医疗工作年限 | |  |
| 职 务 |  | | | | 职 称 | | |  | | |
| 主要事迹 | | | | | | | | | | |
|  | | | | | | | | | | |
| 获奖情况 | | | | | | | | | | |
|  | | | | | | | | | | |
| 推荐部门(科室/支部)意见 | | | | |  | | | | | |