免疫三氧血液回输治疗（血液光量子自体血回输治疗）知情同意书

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| 姓名 | 性别  年龄 | 疾病 | 血压  血氧 | 过敏史 | 联系  电话 | 操作  护士 | 科室  医生 | 浓度  剂量 | 浓度  剂量 | 浓度  剂量 | 浓度  剂量 | 浓度  剂量 | 浓度  剂量 | 浓度  剂量 | 浓度  剂量 | 浓度  剂量 | 浓度  剂量 | 备注 |
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