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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