**需求申请单**

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| **系统名称** | | 手麻系统 | | **提交科室** | ICU | |
| **需求提出日期** | | 0528 | | **信息科签字** |  | |
| **需求**  **描述**  **︵**  **可**  **附**  **表**  **︶** | **需求序号** | **需求描述** | | | | |
| 1 | 护理记录单里的 眼科护理 神经外科护理 耳鼻喉科护理 这三张单子的手术交接班记录加一行手术医生 像泌尿外科护理一样 如图 | | | | |
| 2 |  | | | | |
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|  | 11 |  | | | | |
|  |  |  | | | | |
| **需求**  **沟通**  **意见** |  | | | | | |
| **需求**  **处理**  **结果** | **完成情况** | |  | | | |
| **发布人** | |  | **发布时间** | |  |
| **提交科室负责人确认签字** | | |  | **确认日期** | |  |



