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| **南京市工伤职工异地居住就医申请表** | | | | | | | | | | | | | | | | | | | |
| 工伤职工姓名 | |  | | | | | | | 移动电话 | | | |  | | | | | | |
| 公民身份号码 (社会保障号） | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 其他证件类型 | |  | | | | | 证件号码 | | |  | | | | | | | | | |
| 单位全称 | |  | | | | | | | | | | | | | | | | | |
| 工伤发 生时间 |  | 工伤认 定时间 | | | |  |  |  | 工伤认 定编号 | | | |  | | | | | | |
| 伤残部位 |  | 诊断内容 | | | |  | | | | | | | | | | | | | |
| 异地医疗机构情况 | 异地机构名称 | 级别 | | | | 机构通讯地址 | | | | | | | | | | | | | |
|  |  |  |  |  | 省 市 县（市区） | | | | | | | | | | | | | |
|  |  |  |  |  | 省 市 县（市区） | | | | | | | | | | | | | |
|  |  | | | | 省 市 县（市区） | | | | | | | | | | | | | |
| 用人单位意见 | 单位（盖章）    年 月 日 | | | | | | | | | | | | | | | | | | |
| 经办机构意见 | 经办机构（盖章）    年 月 日 | | | | | | | | | | | | | | | | | | |
| 说明：其他证件类型是指非内地居民所持证件，类型包括港澳台居民居住证、港澳居民来往内地通行证、台湾居民来往大陆通行证、外国人永久居留身份证、外国人护照。 | | | | | | | | | | | | | | | | | | | |