附件5

山西省新生儿听力障碍诊治情况信息表

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| **序号** | **出生日期** | | | **分娩**  **机构** | **母亲姓名** | | **儿童姓名** | **性别** | **常住地址** | **联系**  **电话** | **确诊日期** | **确诊疾病** | **确诊医院** | **是否治疗和干预** | **治疗和干预方式** | | | **康复结果** | **转诊信息** |
| **戴助听器** | **人工耳蜗植入** | **其他** |
|  |  | | |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |
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