附件4：

**非处方药转换处方药意见表**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 药品基本情况 | | | | | | | | | | | |
| 药品名称 | |  | | | | | 剂型 |  | | 规格 |  |
| 主要成分 | |  | | | | | | | | | |
| 主要生产企业 | |  | | | | | | | | | |
| 提交人基本情况 | | | | | | | | | | | |
| 个人□　　　　医疗单位□　　　本品生产企业□　　非本品生产企业□  流通企业□　　监管部门□　　　科研单位□　　　　其它□ | | | | | | | | | | | |
| 联系人 |  | | | 单位 |  | | | | | | |
| 邮编 |  | | | 地址 |  | | | | | | |
| 电话 | | |  | | | E-mail | | |  | | |
| 理由及意见简述 | | | | | | | | | | | |
|  | | | | | | | | | | | |