



BMJ Best Practice 院(校)个人用户 注册/设置指南

首次院(校)内注册 无限院(校)外使用

无限免费手机使用

请仔细阅读后,完成设置过程





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| * | Indicates a required field. | | | |
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| | * Title | Mr. | 1. Title (称谓): 请填写: Mr./Ms./Dr. | / Prof. |
| | * First Name | Zeping | 2. 名 | |
| | * Last Name | Xu | 3. 姓 | |
| | | | | |
| | * Email | zeping.xu@gmail.com | | |
| | * Password | < | Vour password must be at least 5 | |
| 设置个人密 | 码 Confirm Password | | characters long with no spaces. You | |
| | commin rassword | | can come back and change it later if | |
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| | | | | | Doctor/Physician | to your needs. |
| | 洗 | 医丁作 | 选别 | | Other Healthcare Pro | f <mark>essional</mark> |
| | | /1F | | | Nurse/Midwife | |
| | | | | | Pharmacist | |
| | | | | | Student | |
| | | | | | Healthcare Managem | ent |
| | | | | | Quality Improvement | /Patient Safety/Risk |
| | | | | | ☑ Industry | |
| | | | | | Education | |
| | | | | | Academic Researche | er |
| | | | | | Librarian/Information | Specialist |
| | | | | | Member of the Public | |
| | | | | | Religious Leader | |
| | | | | | Press/Media | |
| | | | | | Veterinary | |
| | | * F | rimary : | Specialty | [Please Select] | |
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| BMJ BMJ My Account - Registration | | |
| | | |
| * Primary Specialty | [Please Select] | ~ |
| | [Please Select] | |
| Please select your primary medical | Acute Internal Medicine Adult Critical Care | 选择学科类别 |
| speciality | Anaesthesia | |
| * Organization or Institu | Anatomy Audiological Medicine | |
| Organisation of Institu | Biochemistry | |
| * Address Line 1 | Cardiology Cardiothoracic Surgery | |
| Address Line 2 | Child and Adolescent Psychiatry | |
| | Community Child Health | |
| Address Line 3 | Complementary Medicine | |
| Address Line 4 | Dentistry and Oral Medicine | |
| * Town/City | Dermatology Diabetes | |
| Townsity | Emergency Medicine | |
| * Postal/Zip Code | Endocrinology ENT/Otolaryngology | |
| Telephone Number | Epidemiology and Public Health Medicine | |
| - | Ethics Family Medicine | |
| We would like to keep yo | Forensic Pathology | ices |
| that may be of interest to yo | Forensic Psychiatry Gastroenterology | |
| communications*, please tio | General (Internal) Medicine | |
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| w藏夹 BMJ BMJ My Account - Registration | | |
| * Primary Specialty GMC Number | Pharmaceutical Medicine | |
| * Organisation or Institu * Address Line 1 | Peking Union Medical College No.3 Yabao Road | Please tell us the organisation you work for or the institution you study at |
| Address Line 2 Address Line 3 | 填写单有 | 立名称 |
| Address Line 4 * Town/City * Postal/Zip Code | buijing Beijing 100020 | |
| Telephone Number | | |
| We would like to keep ye that may be of interest to ye communications*, please tic We would also like to pa British Medical Association. from the BMA please tick the | ou up to date with news of our products and ou. If you prefer not to receive these marketi ok this box. ss your information to our parent organisation. If you would like to receive marketing communis box. | services ng on, the nunications* |
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| 🔶 收藏夹 | BMJ BMJ My Account - Registration | | |
| | * Postal/Zip Code 100020 Telephone Number | | |
| | We would like to keep you up to date with news of our products and services that may be of interest to you. If you prefer not to receive these marketing communications*, please tick this box. | □如果您愿意免费接收 BMJ的邮件/信函 | |
| | We would also like to pass your information to our parent organisation, the British Medical Association. If you would like to receive marketing communications from the BMA please tick this box. | □如果您愿意免费接受 英国医学会的邮件/信 | x |
| | □ We would like to share your details with any selected and relevant 3rd parties. I you agree and in addition would be interested in receiving marketing communications* from these organisations, which include pharmaceutical companies, please tick this box. | □如果您不介意我们与 第三方公司(比如: 医药公司)分享您的 邮箱地址 | |
| | *by email, SMS and post. To proceed, you need to agree to our terms and conditions and privacy policy and by continuing you are agreeing to these. Please read these documents. | | |
| | Save & Continue | 点"保存和继续" | |





Thank you and Enjoy!

BMJ Best Practice的院(校)外访问功能已设置完毕。

您可以不受任何时间和地域的限制,用您的个人账 户通过电脑或手机访问Best Practice,它将给您带来 的权威、高效、实用的疾病诊疗信息!

注意:

- 电脑访问: bestpractice.bmj.com
 手机访问: bp.bmjgroup.mobi
- 2. 此功能要求用户在首次在院内注册后,立即在院内登录激 活个人账户。
- 3. 六个月内必须登录超过两次,否则,用户名将自动失效。

联络方式

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地 址: 北京市海淀区知春路1号学院国际大厦1204室
邮 编: 100083



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| Institutional guidelines You have 7 institutional guidelines: Guidelines added by your institution: | Recommend Best Practice to your institution Recommend Best Practice to your friend |
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