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| 附件 | | | | | | | | |
| **深圳市公立医疗机构特需医疗服务价格申请表** | | | | | | | | |
| 公立医疗机构名称（盖章）： | | |  |  |  |  |  |  |
| 序号 | 编码 | 项目名称 | 项目内涵 | 除外内容 | 计价单位 | 价格（元） | 拟执行时间 | 备注 |
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| 医疗机构地址： | |  |  |  | 联系人： |  | 联系电话： |  |