**XXX公司医用耗材供应明细表**

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| 序号 | 医保编码（27位） | 产品注册证名称 | 规格 | 型号 | 最小包装单位 | 单价（元） | 生产企业 | 产品注册号 | 供应商名称 | 备注 |
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联系人：

联系电话：

 年 月 日