**青海省藏医药学会团体标准**

《藏医萨滞布病(中风后遗症)XXXXX》

征求意见反馈表

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| --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 |  | 电话 |  | 传真 |  | E-mail |  |
| 单位 |  | | | 地址 |  | | |
| 序号 | 标准章、条编号 | | | | 修改意见及理由 | | |
| 1 |  | | | |  | | |
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注：意见及理由栏幅面不够，请另附纸。

填表人单位名称（盖章）

填表日期： 年 月 日