**青海省藏医药学会团体标准**

《藏医药浴分级护理规范》

征求意见反馈表

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 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 |  | | | |  | | |
| 2 |  | | | |  | | |
| 3 |  | | | |  | | |
| 4 |  | | | |  | | |
| 5 |  | | | |  | | |
| 6 |  | | | |  | | |
| 7 |  | | | |  | | |
| 8 |  | | | |  | | |
| 9 |  | | | |  | | |
| 10 |  | | | |  | | |

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