广东省地方标准征求意见反馈表

年 月 日

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| 标准名称 | | 医疗机构医疗护理员服务规范 | |
| 提出意见和建议的单位和（或）个人 | 单位名称（公章） |  | |
| 个人姓名 |  | |
| 通讯地址 |  | |
| 联系电话 |  | |
| 电子邮箱 |  | |
| 条文编号 | 具体内容 | | 修改意见和建议及其理由 |
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（纸幅不够，请附页）