《医疗机构医疗管理域数据治理规范》（征求意见稿）意见反馈表

基本信息

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| --- | --- | --- | --- | --- | --- | --- | --- |
| 填表人 |  | 电话 |  | E-mail |  | 填表日期 |  |
| 单位 |  | | | 通信地址 |  | | |

意见：

| 序号 | 条款号 | 修改建议 | 修改理由 |
| --- | --- | --- | --- |
| 1 |  |  |  |
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说明：修改建议请按照标准文本顺序依次排列，页面不够请另附页。