报价表

致：乐至县人民医院

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| 序 号 | 产品名称 | 生产厂家 | 规格型号 | 数量 | 单位 | 单价 | 总价 | 备注 |

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供应商名称（盖鲜章）：

法定代表人或授权代表（签字）

联系电话：

时间：