**2023年安吉县第三医健共体院区设备采购调研表**

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| **项目名称** | **数量** | **总价** | **报名品牌型号** | **代理公司** | **联系人** | **联系电话** | **签 名** |
| 液氮罐 |  |  |  |  |  |  |  |
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| 强脉冲光治疗仪 |  |  |  |  |  |  |  |
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