报价单

| **序号** | **注册证名称** | **规格型号** | **单位** | **注册证号** | **生产企业** | **本地编码** | **挂网价（元）** | **结算价（元）** | **医保通用名** | **医保编码** | **备注(专机专用产品，如无法提供该产品，需给出替代方案供参考。** |
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