《体检机构健康管理服务规范》征求意见汇总处理表

|  |
| --- |
|  |
| **序号** | **提出单位** | **姓名** | **职称** | **标准章条编号** | **意见及建议** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |