《中医养生保健技术培训服务规范》征求意见汇总处理表

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|  | | | | | |  | | 年 月 日填写 |
| 标准名称： | | | | | | 负责起草单位： | | 承办人： |
| 发函件数： | | | | | | 回函件数： | | 电话： |
| **序号** | **提出单位** | **姓名** | **职称** | **标准章条编号** | **意见及建议** | | **采纳与否及理由** | | |
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