附件6

中国医药教育协会团体标准征求意见表

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| --- | --- | --- | --- | --- | --- |
| 标准名称 | 规范化 SMILE 手术医师培训 | | | | |
| 专家姓名 |  | 所在单位 |  |  |  |
| 通信地址 |  | | | 邮编 |  |
| 联系电话 |  | 邮箱 |  | 审查日期 |  |
| 标准章条编号 | 意见和建议 | | | | 备注 |
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