中国医药教育协会团体标准征求意见表

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| 团体标准名称 | 特殊场所戒毒医疗康复管理规范 | | | | |
| 立项计划编号 |  | | | | |
| 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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