**广东省地方标准《社区护理服务规范》**

**征求意见表**

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| 专家信息 | 单位名称 |  |
| 专家姓名 |  |
| 通讯地址 |  |
| 联系电话 |  | 手机 |  |
| E-mail |  |

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| □　无意见 □　有意见，见下表 |

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| **序号** | **标准章、条编号** | **修改意见及理由** |
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