附件：

**重庆市南川区医疗设备报价单**

**公司名称(盖鲜章）： 时间：**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **设备名称** | **品牌** | **型号** | **数量** | **单位** | **单价/万** | **合计/万** | **备注** |
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| **合计:** |  |