附件2

古田县医院牙科设备采购项目标前市场调查设备报价单

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| 报价单位：人民币（元） |
| 序号 | 产品名称 | 制造商 | 品牌（按注册证填） | 型号 | 数量 | 单价 | 总价 | 产地 | 生产厂家是否中小微企业 | 保修期 |
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**标准配置清单：**

牙科综合治疗椅

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牙科种植机

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口腔数字印模仪

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**选配件清单：**

牙科综合治疗椅

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牙科种植机

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口腔数字印模仪

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公司名称（盖章）： 联系人电话： 日期：

备注：表格请按要求填写完整（若无选配件请用“/”表示）并盖章！不按要求填写视为无效报价单！格子不够可自行添加！