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

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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 |
| 1 |  |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |  |  |

**标准配置清单：**

牙科综合治疗椅

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 序号 | 名称 | 品牌 | 规格 | 数量 | 产地 |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

超声骨刀

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 序号 | 名称 | 品牌 | 规格 | 数量 | 产地 |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

牙科种植机

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 序号 | 名称 | 品牌 | 规格 | 数量 | 产地 |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

口腔数字印模仪

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 序号 | 名称 | 品牌 | 规格 | 数量 | 产地 |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**选配件清单：**

牙科综合治疗椅

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 序号 | 名称 | 品牌 | 规格 | 数量 | 产地 |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

超声骨刀

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 序号 | 名称 | 品牌 | 规格 | 数量 | 产地 |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

牙科种植机

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 序号 | 名称 | 品牌 | 规格 | 数量 | 产地 |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

口腔数字印模仪

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 序号 | 名称 | 品牌 | 规格 | 数量 | 产地 |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

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！