附件3

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| **绩效考核四级手术目录修订建议申请表（省级）** | | | | | | | | |
| 省份 | 序号（省市的行政区号-顺序号） | 单位 | 电话 | 邮箱 | 拟修订四级手术目录编码（国临3.0） | 拟修订四级手术目录名称（国临3.0） | 拟修订目录说明 | 备注 |
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