附件1

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| **绩效考核四级手术条目新增建议申请表（医院）** | | | | | | |
| 单位 | 电话 | 邮箱 | 拟新增四级手术条目编码（国临3.0） | 拟新增四级手术条目  名称（国临3.0） | 拟增条目说明 | 备注 |
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