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| **《巩膜镜临床验配要求》团体标准征求意见表** | | | | |
| **提出单位：**  **联系人：**  **手机：**    **年 月**  日 | | | | |
| **序号** | **章条号** | **现条款内容** | **修改建议** | **修改理由** |
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