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| **附件2：** |  |  |  |  |  |  |  |
| 零售连锁企业各门店汇总表 |
| **企业名称** |  | **社会统一信用代码** |  |
| **药品经营许可证编号** |  | **法定代表人** |  |
| **地址** |  | **企业负责人** |  |
| **联系人** |  | **电 话** |  |
| **企业所附零售药店信息** |
| **序号** | **药品零售连锁企业名称** | **下辖零售药店名称** | **地址** | **法定代表人** | **联系电话** | **归属地（县/区）** | **所属省辖市/直管县（市）** |
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| **医疗保障部门意见** |
|
|  签字/盖章 |
|  年 月 日 |
| 备注：此表一式2份，企业留存一份，医疗保障部门留存一份。 |