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| 附件3 | | | | | | |
| （盖章） 县市区卫生健康单位食堂登记表 | | | | | | |
| 编号 | 单位名称 | 负责人及电话 | 地址 | 是否自营 | 经验单位名称、负责人、电话 | 备注 |
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