附件3

《智慧健康养老信息系统技术要求》

征求意见反馈表

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **填表人** |  | **电话** |  | **职称/职务** |  | **专业** |  |
| **单位** |  | **E-mail** |  |
| **序号** | **章条编号** | **修改建议** | **修改理由** |
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