附件3

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| **江西省赣州市纳入门诊统筹管理备案药店汇总表** | | | | | | | | | | |
| 填报单位（盖章）： | | | | | 填表人： | | | 填报时间： 年 月 日 | | |
| 序号 | 县市区 | 国家编码 | 单体/连锁 | 定点零售药店名称 | 定点零售药店地址 | 法人姓名 | 联系电话 | 执业药师姓名 | 联系电话 | 备注 |
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