**医 疗 设 备 配 置 清 单**

合同编号：

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **序号** | **设备（部件）名称** | **品牌** | **规格型号** | **数量** | **备注** |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
| 4 |  |  |  |  |  |
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| 12 |  |  |  |  |  |
| 13 |  |  |  |  |  |
| 14 |  |  |  |  |  |
| 15 |  |  |  |  |  |

**保修期： 年**

甲方（盖章）： 乙方（盖章）：

安吉县人民医院 \*\*\*\*公司