**附件**

**绍兴市口腔医院医疗设备市场调研表**

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| **序号** | **设备名称** | **设备型号** | **主要配置及参数** | **是否入展及入展价** | **售后承诺** | **供应商** | **联系方式** | **联系人** |
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**请详细叙述设备主要配置及参数，如有必要可将图片彩页资料一并发送至邮箱。**