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| **醫事機構名稱：** |  | **聯絡人及電話：** |  |
| **醫事機構代碼：** |  |  |
|  |
| **序號** | **藥品健保代碼** | **英文商品名** | **廠商名稱** | **健保價** | **供應價** | **說明** |
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備註：表格填寫後請檢附報價單或採購收據E-mail：A111454@nhi.gov.tw；或傳真至(02)27027723，再來電告知。

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