附件2:

医药、设备、耗材生产经营企业代表

接待备案表

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **生产经营企业名称** | |  | | | | |
| **企业代表姓名** |  | | **性别** |  | **身份证号码** |  |
| **联系电话** |  | | | | **接待时间** |  |
| **接待事项** |  | | | | | |
| **接待部门**  **负责人签字：** |  | | | | | |

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