附件3：

**征求意见反馈表**

**标准名称：**《寰枢关节半脱位中医临床诊疗指南（征求意见稿）》

**填报日期：** 年 月 日

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| **单位名称** | |  | | | |
| **姓 名** | |  | **职务/职称** |  | |
| **联系方式** | |  | **邮 箱** |  | |
| **有无意见（无意见请填此栏）：** | | | | | |
| **意见汇总：** | | | | | |
| **序号** | **章条编号** | **标准原文** | **修改意见** | | **理由或依据** |
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注：如所提意见篇幅不够可增加附页。