附表：

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| 手术名称 | 所需耗材 | 是否符合两票制 | 安徽医保收费编码 | 报价 | 重复使用情况 | 单台手术使用量 | 是否有单独注册证 |
| ××手术 |  |  |  |  |  |  |  |
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