**宜蘭縣醫療機構非屬醫療費用備查表**

**醫療機構名稱：**

衛生局核章處

**醫療機構代碼：**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 項次 | 機構醫令代碼(無則免填) | 項目名稱 | 單位 | 單價 | 說明 |
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