附件三：

目录内医疗机构制剂登记信息变更申请表

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 序号 | 制剂名称 | 国家医保局  制剂代码 | 原登记信息 | | | | 申请变更信息 | | | |
| 剂型 | 规格 | 医保支付  标准 | 其他 | 剂型 | 规格 | 医保支付  标准 | 其他 |
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