湖南省地方标准《养老机构医养结合服务规范》（征求意见稿）意见反馈表

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓 名 |  | 电 话 |  | 传 真 |  | 电子邮箱 |  | |
| 单 位 |  | | | 通信地址 |  | | 邮编 |  |
| 章条号 | 修 改 建 议 | | | | 修 改 理 由 | | | |
|  |  | | | |  | | | |
|  |  | | | |  | | | |
|  |  | | | |  | | | |
|  |  | | | |  | | | |
|  |  | | | |  | | | |
|  |  | | | |  | | | |

（纸幅不够，请附页）