|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **供应商投标产品提供用户信息表** | | | | |
| 设备注册名称 |  | | | |
| 设备注册型号 |  | | | |
| 注 册 证 号 |  | | | |
| 制 造 商 |  | | | |
| 主 要 用 户（三级医院） | 用户名称 | 装机时间 | 联系人姓名 | 联系电话 |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| 主 要 用 户 |  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| 备注 |  | | | |
|