附件5

医药代表接待登记表

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| 接待日期 | 本单位接待情况 | | | 医药代表（厂家代表）情况 | | | 接待事由 |
| 部门/科室 | 接待人员 | 职务 | 企业名称 | 代表姓名 | 联系电话 |
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