**附件5**

****定点医院工作任务量详表****

机构名称：

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| --- | --- | --- | --- | --- |
| ****序号**** | ****负责学校名称**** | ****学生数********（二年级）**** | ****预计窝沟封闭牙齿数量**** | ****完成工作时间**** |
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