附件1

**自願寄存同意書**

本公司(\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_公司)自願於貴院寄存衛材，無條件配合貴院辦理相關寄存衛材管理作業，且提供之寄存衛材為領有衛生福利部食品藥物管理署核發「醫療器材許可證」之合格醫材，並願保證遵照貴院寄售之規定，提供合約品項使用(非合約品項不得寄售，如有誤用，相關耗材成本本公司願自行吸收)，並保證對病患不構成傷害，所填資料絕無不實。

此致

三軍總醫院基隆分院

（本處請蓋公司大小章）

公司名稱：

負責人：

公司地址：

連絡人：

聯絡電話：

附件2

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| 院內碼 | 中文品名 | 英文名稱 | 單位 | 數量 | 健保碼 | 健保價 | 自費代碼 | 自費價 | 廠商 | 連絡  電話 | 軍聯標項次 |
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**三軍總醫院基隆分院手術室寄存衛材品項表**

製表日期： / /

(表格不足時，請自行延伸)