**附件3：**

宁化县个体诊所检查结果汇总表

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **序号** | **名称** | **地址** | **负责人** | **检查情况****（存在问题）** | **检查结论** |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
| 4 |  |  |  |  |  |
| 5 |  |  |  |  |  |
| 6 |  |  |  |  |  |
| 7 |  |  |  |  |  |
| 8 |  |  |  |  |  |
| 9 |  |  |  |  |  |
| 10 |  |  |  |  |  |

**备注：**1.检查结论“符合要求 、限期整改、立案查处”。

 2.此表请于7月5日前填报县局药械股。