**儋州市药品零售企业静态管理期间销售药品登记表**

药店名称： 填报人: 联系方式：

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| **序号** | **购药人姓名** | **购药人身份证号** | **家庭住址** | **联系方式** | **所售药品名称** | **数量** | **销售时间** |
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