**附件二：限价清单**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 序号 | 耗材名称 | 规格 | 限价（单价/元） | 品牌/厂商 | 医保编码 | 备注 |
|  |  | 6.5 | 980 |  |  |  |
|  |  | 7.0 | 980 |  |  |  |
|  |  | 7.5 | 980 |  |  |  |
|  |  | 8.0 | 980 |  |  |  |
|  |  | 8.5 | 980 |  |  |  |
|  |  | 9.0 | 980 |  |  |  |
|  |  | 9.5 | 980 |  |  |  |
|  |  | 10.0 | 980 |  |  |  |
|  |  | 10.5 | 980 |  |  |  |
|  |  | 11.0 | 980 |  |  |  |
| 总价（综合单价）： |  |