附件：1.2024年困难精神残疾人药费补助任务建议目标

　　　2.2024年残疾儿童康复救助任务建议目标

　　　3.2024年残疾人基本型辅助器具服务任务建议目标

4.困难精神残疾人药费补助审批表

　　　5.困难精神残疾人药费补助汇总表

　　　6.残疾儿童康复救助项目安置（转送）考核表

7.宿州市残疾人基本型辅助器具适配补贴申请审批表

8.残疾儿童辅助器具适配项目申请审批表

9.肢体辅具评估适配表

10.假肢处方表

11.矫形器处方表

12.视力辅具评估适配表

13.听力辅具评估适配表

14. 市（县、区）辅具适配登记汇总表

15.辅具产品验收情况表

附件1

2024年困难精神残疾人药费补助任务建议目标

|  |  |
| --- | --- |
| 县 区 | 困难精神残疾人药费补助（人） |
| 合 计 | 9444 |
| 埇桥区 | 3024 |
| 砀山县 | 1687 |
| 萧 县 | 1631 |
| 灵璧县 | 1697 |
| 泗 县 | 1405 |

附件2

2024年度残疾儿童康复救助任务建议目标

|  |  |
| --- | --- |
| 地 区 | 残疾儿童康复训练（人） |
| 合 计 | 1390 |
| 埇桥区 | 491 |
| 砀山县 | 222 |
| 萧 县 | 248 |
| 灵璧县 | 256 |
| 泗 县 | 173 |

附件3

2024年残疾人基本型辅助器具服务任务

建议目标

单位：人

|  |  |  |  |
| --- | --- | --- | --- |
| 地 区 | 辅具补贴任务数 | 儿童辅助器具 | 儿童假肢矫形器 |
| 合 计 | 3668 | 66 | 75 |
| 埇桥区 | 965 | 19 | 22 |
| 砀山县 | 656 | 10 | 12 |
| 萧 县 | 782 | 14 | 16 |
| 灵璧县 | 645 | 13 | 14 |
| 泗 县 | 620 | 10 | 11 |

附件4

困难精神残疾人药费补助审批表

**\_\_\_\_\_\_县（市、区）\_\_\_\_\_\_乡镇（街道）\_\_\_\_\_\_村（社区）**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 |  | | 性别 |  | 残疾人证号 |  | |
| 经济状况 | | □ 1.低保户 □ 2.家庭经济困难 | | | | | |
| 医保情况 | | □ 1.城乡居民基本医疗保险 □ 2.医疗救助  □ 3. 其他医疗保险 □ 4.无医疗保险 | | | | | |
| 银行账号或一卡通号 | | 开户行：  账号： | | | | | |
| 监护人姓名 | |  | | 与患者关系 |  | 联系  电话 |  |
| 监护人  承诺 | | 一、保证药费补助金按规定使用；  二、监护病情，督促病人按时服药、体检和复查；  三、自觉履行监护职责，接受社会各界监督。  监护人签名：  年 月 日 | | | | | |
| 乡镇(街道)  残联意见 | | 审核人：公章  年 月 日 | | | | | |
| 县（市、区）残联审批  意见 | | 审核人：公章  年 月 日 | | | | | |

注:本表由县（市、区）残联存档。

附件5

困难精神残疾人药费补助汇总表

**\_\_\_\_\_\_县（市、区）\_\_\_\_\_\_乡镇（街道） 年 月 日**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 序号 | 姓名 | 性别 | 残疾人证号 | 监护人  姓名 | 家庭住址 | 联系电话 |
| 1 |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |

附件6

残疾儿童康复救助项目安置（转送）考核表

**\_\_\_\_\_\_市\_\_\_\_\_\_县(市、区)\_\_\_\_\_\_乡镇（街道）\_\_\_\_\_\_村（社区）**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 儿童姓名 |  | 性别 |  | | | 残疾类别 | |  |
| 残疾人证  或身份证号 |  | | | | | | | |
| 家长（监护人）姓名 |  | 身份证号 | | |  | | | |
| 联系电话 |  | | | | | | | |
| 安置申请 | 申请前（转）往**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**定点机构接受训练。  申请人（监护人）签字： 年 月 日 | | | | | | | |
| 机构意见 | 定点机构（签章）  年 月 日 | | | | | | | |
| 计划康复  起止日期 | 年 月至 年 月 | | | | | | | |
| 户籍所在  市或县级残联意见 | 同意转送安置。  签字（公章）  年 月 日 | | | | | | | |
| 实际康复  训练时间 | 年 月  至 年 月 | | | 康复效果  机构自评 | | | □显效 □有效 □一般 | |
| 机构所在地（项目申请地）残联考核评估意见 | 签章:  年 月 日 | | | | | | | |

附件7

宿州市残疾人基本型辅助器具适配补贴申请审批表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 申请人姓名 |  | | | 残疾  类别 | | | 视力□　听力□　肢体□　智力□　精神□（多 重 残 疾 可多 选） | | | | | | | | | | 残疾  等级 | | | 一级□　二级□  三级□　四级□  未定级□ | | | | | |
| 残疾人证/身份证号 |  |  |  | |  |  | |  |  |  |  | |  |  |  |  | |  |  | |  |  |  |  |  |
| 性 别 |  | | | | 家庭地址 | | | | | |  | | | | | | | | | | | | | | |
| 联系人 |  | | | | 联系电话 | | | | | |  | | | | | | | | | | | | | | |
| 申请适配辅具  项目 |  | 辅具名称 | | | | | | | | | | 数量 | | | | | | | | 申请（代理）人签字 | | | | | |
| 1 |  | | | | | | | | | |  | | | | | | | | 年 月 日 | | | | | |
| 2 |  | | | | | | | | | |  | | | | | | | |
| 3 |  | | | | | | | | | |  | | | | | | | |
| 乡镇(街道)残联初审意见 | 审核人意见：  签字（公章）：  年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | |
| 县(市、区)残联复审意见 | 审核人意见：  签字（公章）：  年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | |

附件8

残疾儿童辅助器具适配项目申请审批表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 儿童姓名 |  | | | | | 性别 | | 男□ 女□ | | | | | | 民族 | | |  | | | |
| 身份证号 |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |
| 家庭住址 |  | | | | | | | | | | | | | 联系电话 | | |  | | | |
| 监护人姓名 |  | | | | 工作单位 | | | | | |  | | | | | | | | | |
| 经济  状况 | □家庭人均收入低于当地城乡居民最低生活保障线  □家庭经济困难 | | | | | | | | | | | | | | 户口  类别 | | □农业户口  □非农业户口 | | | |
| 残疾状况 | □偏瘫 □截瘫 □脑瘫 □截肢 □其它 | | | | | | | | | | | | | | | | | | | |
| 辅助器具  需求情况 | 序号 | | | 产品名称及数量 | | | | | | | | | | | | | | | | |
|  | | |  | | | | | | | | | | | | | | | | |
|  | | |  | | | | | | | | | | | | | | | | |
|  | | |  | | | | | | | | | | | | | | | | |
|  | | |  | | | | | | | | | | | | | | | | |
|  | | |  | | | | | | | | | | | | | | | | |
| 监护人申请 | 申请人：  年 月 日 | | | | | | | | | | | | | | | | | | | |
| 县（市、区）残联复筛意见 |  | | | | | | | | | | | | | | | | | | | |

说明：此表由市残联技术组指导救助儿童监护人填写，县（市、区）残联审核并存档备查，用√在□符合项中标出。

附件9

肢体辅具评估适配表

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 姓名 |  | 性别 | 男□ 女□ | 出生日期 |  |
| 既往辅具名称 |  | | | | |
| 既往辅具  使用情况 |  | | | | |
| 目前存在的  主要问题 |  | | | | |
| 残疾人（包括监护人）对辅具的需求 |  | | | | |
| 技术组  评估意见 | 辅具  矫形器 □踝足矫形器 □膝踝足矫形器 □矫形鞋  □脊柱矫形器 □手部矫形器  假肢 □大腿假肢 □小腿假肢 □手部假肢 | | | | |
| 适配功能目标 |  | | | | |
| 本人或监护人（签字）： 技术组（签字）：  年 月 日 | | | | | |

附件10

假肢处方表

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 姓名 |  | 性别 | | 男 □ 女 □ | 出生日期 |  |
| 截肢部位 |  | 截肢时间 | |  | 截肢原因 |  |
| 残肢评估 | 残肢形状 | 圆 柱 □ 圆 锥 □ 圆 锤 □ 畸 形 □ | | | | |
| 残肢表面 | 疤痕□ 神经瘤□ 囊肿□ 骨刺□ 其他□ | | | | |
| 残肢有关  症状描述 |  | | | | | |
| 假肢  处方 | 假肢名称：  要 求： | | | | | |
| 监护人(签字) |  | | 医师(签字) | |  | |

附件11

矫形器处方表

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓 名 |  | | 性 别 | | 男□ 女□ | | 出生日期 | | |  |
| 矫形器评估 | 下肢：  肌力 左 右 左 右  伸髋/外展 屈髋/内收  伸膝 屈膝  足跖屈 足背屈  肌张力 | | | | | | | | | |
| 屈髋肌群（伸、屈）  屈膝肌群（伸、屈）  足跖屈肌群（伸、屈）本体觉 | | | | | 挛缩□L□R  挛缩□L□R  挛缩□L□R | | 紧张□L□R  紧张□L□R  紧张□L□R | 正常□L□R  正常□L□R  正常□L□R | |
| 髋  膝  踝  趾步态分析： | 良好□L□R  良好□L□R  良好□L□R  良好□L□R | | | | 一般□L□R  一般□L□R  一般□L□R  一般□L□R | | 差□L□R  差□L□R  差□L□R  差□L□R |  | |
| 其他情况说明： | | | | | | | | | |
| 矫形器处方 | □踝足矫形器（要求 )  □膝踝足矫形器（要求 ）  □其他矫形器 | | | | | | | | | |
| 监护人(签字) |  | | | 医师(签字) | | | |  | | |

附件12

视力辅具评估适配表

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 姓名 |  | | 性别 | □男 □女 | 出生日期 |  |
| 医疗机构  诊断结果 | □遗传、先天异常或发育障碍 □白内障（术前/术后） □青光眼（术前/术后） □屈光不正 □黄斑部病变（术前/术后） □角膜浑浊 □视神经病变 □脑外伤 □眼外伤  □视网膜色素膜病变 □视网膜脱离（术前/术后） □弱视 □外伤 □中毒 □眼球震颤 □ 其他： | | | | | |
| 需求评估 |  | | | | | |
| 目前使用  助视器情况 | □无 □有，名称 | | | | | |
| 视功能评估 | （包括远近视力、最佳矫正视力、屈光度数、中心视野检查、对比敏感度等） | | | | | |
| 其他评估 | （包括阅读能力测试、定向行走测试等） | | | | | |
| 适配建议 | 辅具名称 |  | | | | |
| 适配目的 |  | | | | |
| 评估人： 日期： | | | | | | |

附件13

听力辅具评估适配表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 | |  | | | 性别 | | □男 □女 | | | | 年龄 | |  | | |
| 听障确诊时间 | |  | | | | | 首次佩戴助  听设备时间 | | | | 左耳 | |  | | |
| 右耳 | |  | | |
| 补偿/重建方式 | | 左耳 | □无 □助听器 □人工耳蜗 □其它 | | | | | | | | 设备型号 | |  | | |
| 右耳 | □无 □助听器 □人工耳蜗 □其它 | | | | | | | |  | | |
| 听力测试 | | 测听方法 □BOA □VRA □PA □PTA | | | | | | | | | | | | | |
| 配合程度 □很配合 □一般 □不配合 | | | | | | | | | | | | | |
| 测试音 □啭音 □纯音 □窄带噪音 □语音 | | | | | | | | | | | | | |
| 听 力 图   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | dB  -10  0  10  20  30  40  50  60  70  80  90  100  110  120 | 125 250 500 1000 2000 4000 8000 Hz   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  | |  |  |  | |  | |  |  |  |  |  |  |  |  |  |  |  | |  | |  |  | |  |  |  |  |  |  |  |  |  |  |  | |  | |  |  | |  |  |  |  |  |  |  |  |  |  |  | |  | |  |  | |  |  |  |  |  |  |  |  |  |  |  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 |  | |  |  |  |  |  |  |  | |  |  | |  |  | |  |  |  | |  |  |  |  |  |  |  | |  |  | |  |  | |  |  |  | |  |  |  |  |  |  |  | |  |  | |  |  | |  |  |  | |  |  |  |  |  |  |  | |  |  | |  |  | |  |  |  | |  |  |  |  |  |  |  | |  |  | |  |  | |  |  |  | |  |  |  |  |  |  |  | |  |  | |  |  | |  |  |  | |  |  |  |  |  |  |  | |  |  | |  |  | |  |  |  | |  |  |  |  |  |  |  | |  |  | |  |  | |  |  |  | |  |  |  |  |  |  |  | |  |  | |  |  | |  |  |  | | 右耳(Right Ear) | | | | | | | | | | | | | | | | | |  |  |  |  |  |  | | --- | --- | --- | --- | | 符号  说明 | 未掩蔽 | 加掩蔽 | | | 左 右 | 左 右 | | | 气导  骨导 | X O  > < | □  ］ | △  ［ |   裸耳平均听阈 裸耳平均听阈 | | | | | | | | | | | | | | | |
| 电生理测试 | 侧别 | | | 左耳 | | | | | | 右耳 | | | | | |
| 频率 | | | 0.5KHZ | | 1KHZ | | 2KHZ | 4KHZ | 0.5KHZ | | 1KHZ | | 2KHZ | 4KHZ |
| 听觉稳态电位测试（ASSR）  单位：dBSPL/dBnHL | | |  | |  | |  |  |  | |  | |  |  |
| 目前存在主要需求 | | | |  | | | | | | | | | | | |
| 适配听力辅具名称 | | | |  | | | | | | | | | | | |
| 评估人： 评估日期： | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |

附件14

市（县、区）辅具适配登记汇总表

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 序号 | 姓名 | 年龄 | 残疾证号 | 联系电话 | 辅具名称 | 数量 | 单位 | 补贴形式  （实物/现金） | 辅具  机构 | 联系电话 | 本人或监护人签字 | 是否进行宣教 |
| 1 |  |  |  |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |  |  |  |  |  |  |

填表人： 市残联盖章：

注：假肢和矫形器单位均为例，一双代表2例。

附件15

辅具产品验收情况表

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 供应商名称 | |  | | | | | | | |
| 厂家联系人： | | | | 厂家联系电话： | | | | | |
| 序号  验收内容 | 产品品名 | 产品型号 | 单位 | 数量 | 产品附加要素 | | | 与供应商投标文件中的承诺是否一致 | 备注（其它需要说明的内容） |
| 有无产品合格证 | 有无产品说明书 | 有无保修保养卡 |
| 1 |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |  |  |  |

验收单位（盖章）： 负责人： 联系电话： 填表日期：