**附件2**

《非处方药适应症范围确定原则（修订征求意见稿）》

反馈意见表

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **单位/企业名称**  **填写人** | | | | |
| **联系电话**  **电子邮箱** | | | | |
| **序号** | **修订的位置**  **（页码和行数）** | **修订的内容（原文）** | **修订的建议** | **理由或依据** |
| **1** |  |  |  |  |
| **2** |  |  |  |  |
| **3** |  |  |  |  |
| **4** |  |  |  |  |
| **5** |  |  |  |  |
| **…** |  |  |  |  |

备注：申请人需根据反馈意见对应的文件完善反馈意见表标题