**光动力治疗仪报价单**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **品名** | **规格型号** | **品牌** | **单位** | **单价** | **数量** | **金额** | **到货期** | **质保期** |
| 光动力治疗仪 |  |  | 套 |  | 4 |  |  |  |

**报价公司（盖章）：**

**法人/授权代表（签字）：**

**联系电话：**