附件2：

铁岭市“双通道”定点零售药店申请表

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 申请药店名称 |  | | | | | | 申请时间 | |  |
| 注册地址 |  | | | | | | 所属区域 | |  |
| 营业执照统一社会信用代码 |  | | | | | | 登记机关 | |  |
| 营业执照登记法人代表 |  | | | | | | | | |
| 药品经营许可证编号 |  | | 药品经营许可证有效期至 | |  | | 发证机关 | |  |
| 医保定点时间 |  | | 经营方式 | |  | | 营业面积 | |  |
| 经营范围 |  | | | | 邮箱地址 | |  | | |
| 药店负责人 |  | | | | 联系电话 | |  | | |
| 申请时获得授权产品数量 | | | |  | | | | | |
| 零售药店一年内有无违法违规行为 | | | |  | | | | | |
| 药店法人  （负责人）签字、盖章 | |  | | | | 申请单位公章 | |  | |