**医改金点子征集表**

所属部门

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **提报人** |  | **点子名称** |  | |
| **对应工作** |  | | | |
| **可应用部门** |  | | | |
| **具体方法** |  | | | |
| **落实情况** | 否（不需要填写落实效果） | | | 是 |
| **落实效果** |  | | | |