外省药品广告备案申请表

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| --- | --- | --- | --- |
| **申请人** |  | **法定代表人** |  |
| **地址** |  | | |
| **电话** |  | **邮政编码** |  |
| **传真** |  | **E-mail** |  |
| **代办人** |  | **法定代表人** |  |
| **地址** |  | | |
| **电话** |  | **邮政编码** |  |
| **传真** |  | **E-mail** |  |
| **具体经办人** |  | **经办人 联系电话** |  |

申请备案内容

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **序号** | **药品通用名** | **商品名** | **药品批准文号** | **药品分类** | **广告类别** | **广告批准文号** | **广告审查机关** | **广告有效期** | | |
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