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|  | ケース№ |  |
| 住民№ |  |
| 手帳番号 | 種別 | 等級 | 手帳交付年月日 | 部位 |
| 高知県　第　　号 | 種 | 級 | 　　年　　月　　日 |  |
| フリガナ氏名 |  | 性別 |  | 生年月日 | 年　　月　　日 | 電話番号 |  |
| 保護者氏名 |  | 続柄 |  | 施設名 |  |
| 本籍地 |  | 有期認定日 | 年　　月　　日 |
| 居住地 |  | 変更年月日 | 年　　月　　日 |
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| 障害名 |  |  |

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| 表記記載事項訂正欄 |
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| 更生意欲及び指導方針 |
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| 更生医療・援護物品等給付に関する記録 |
| 給付年月日 | 種別 | 方法 | 費用 | 本人負担額 | 取扱者 |
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| 年月日 | 指導などの経過 |
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