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| 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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| 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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