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| 介護保険住所地特例施設　入所・退所　連絡票  　　　　　年　　月　　日  芦別市長　様  施設名    に入所  次の者が下記の施設 　　　　　　 しましたので、連絡します。  を退所 | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 入所・退所年月日 | | | 年　　　月　　　日 | | | | | | | | | | | |  | | | | | | | | |
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| ﾌ ﾘ ｶﾞ ﾅ | |  | | | | | | | | | | |
| 氏　　　名 | |  | | | | | | | | | | | 生年月日 | | 明・大・昭　　年　　月　　日 | | | | | | |  |
| 性　　別 | | 男　　・　　女 | | | | | | |
| 入所前住所 | | 〒 | | | | | | | | | | | | | | | | | | | |
| ＊1  退所後住所 | | 〒 | | | | | | | | | | | | | | | | | | | |
| 退所理由 | | １ 他の介護保険施設入所 ２ 死亡 ３ その他 | | | | | | | | | | | | | | | | | | | |
| \*1 死亡退所の場合は記載不要 | | | | | | | | | | | | | | | | | | | | | | |  |
| 保 険 者 名 | | 芦別市 | | | | | | | | | | 保険者番号 | | | | | ０ | １ | ２ | １ | ６ | １ |  |
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