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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  小野町長様  介護保険施設名称  次の者が下記の施設　　　　　しましたので、連絡します。 | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | 入所・退所年月日 | | | 年　　　月　　　日 | | | | | | | | | | | |  | | | | | | | | |
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|  | 被保険者 | 被保険者番号 | |  |  |  |  |  |  |  |  |  | |  |  | | | | | | | | | |
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| 氏名 | |  | | | | | | | | | | | 生年月日 | | |  | | | | | |  |
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| 入所前住所 | |  | | | | | | | | | | | | | | | | | | | |
| 退所後住所  ＊1 | |  | | | | | | | | | | | | | | | | | | | |
| 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 | |  | | | | | | | | | | 保険者番号 | | | |  | |  |  |  |  |  |  |
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|  | 施設 | 名称 |  | | | | | | | | | | | | | | | | | | | | |  |
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