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| 介護保険住所地特例施設　入所（居）・退所（居）連絡票年　　月　　日守口市長　様施設名　　　　　　　　　　　　　　　　に入所（居）次の者が下記の施設　　　・　　　　　しましたので連絡します。を退所（居）

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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 |  |  |  |  |  |  |  |  |  |  |  |
| フリガナ |  |
| 氏名 |  | 生年月日 | 明・大・昭　　年　月　日 |
| 性別 | 男　・　女 |
| 入所前住所 | 〒 |
| 退所理由※１ | １．他の介護保険施設入所（　　　　　　　　）　２．死亡　　３．入院　４．その他（　　　　　　　　　　　　　　） |
| 退所後住所※２ | 〒 |

※１　他の介護施設入所よる場合は、退所後の施設等名称も記載してください。※２　死亡退所の場合は記載不要。

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| 保険者名 |  | 保険者番号 |  |  |  |  |  |  |

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| 施設 | 事業所番号 |  |  |  |  |  |  |  |  |  |  |  |
| 名称 |  |
| 電話番号 |  |
| 所在地 | 〒 |

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