**適用除外施設　入所・退所　連絡票**

**年　　月　　日**

**琴平町長　　様**

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| --- | --- | --- | --- |
|  |  | **施設所在地** |  |
|  |  | **施設名** | **印** |

**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**

|  |  |
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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** | **〒** | | | | | | | | | | | |
| **退所後住所** | **〒** | | | | | | | | | | | |
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| **保険者名** | **琴平町** | **保険者番号** | **３** | **７** | **４** | **０** | **３** | **３** |

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| **施　　　設** | **名　　称** |  |
| **電話番号** |  |
| **所 在 地** | **〒** |