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| 身体障害者更生指導台帳  補装具 | | | | | | | |
| 障害者  氏 名 |  | | | | | | |
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| 住　所 |  | | | | | | |
| 支給年月日 | | 名　称 | 購・修・借 | 費　用　額 | | 取扱業者名 | **固定文言１**  備　考 |
| 公費負担額 | 本人負担額 |
|  | |  |  |  |  |  | **編集１** |
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**自由記載１**