第２号様式

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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  　大熊町長　様  （介護保険施設名）    印  　次の者が下記の施設に入所を退所しましたので、連絡します。 | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 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・平  年　　月　　日 | | | |
| 性別 | | | | | 男　・　女 | | | |
| 入所前住所 | | **〒** | | | | | | | | | | | | | | | | | | | |
| 退所後住所  ＊１ | | **〒** | | | | | | | | | | | | | | | | | | | |
| 退所理由 | | １　他の介護施設入所　　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 | |  | | | | | | | | | | | | | | | | | | | |  |
| 電話番号 | |  | | | | | | | | | | | | | | | | | | | |
| 所在地 | | **〒** | | | | | | | | | | | | | | | | | | | |
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