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| **地域密着型サービス事業所・施設の利用者・入所者名簿**  作成日：　　　　　年　　月　　日  作成者： |

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|  | 氏名 | 被保険者番号 | 住所 | 移行予定先 | | 担当介護支援専門員 | |
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| 名称 | 所在地 | 居宅介護支援事業所名 | 担当者氏名 |
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