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| **附件5** | | | | | | | | |
| **“福康工程”轮椅等康复辅助器具筛查登记表** | | | | | | | | |
| **序号** | **姓名** | **性别** | **年龄** | **身份证号** | **户籍所在地** | **功能障碍情况** | **对康复辅助器具产品需求（轮椅、拐杖、助行器、护理床）** | **联系人及电话** |
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