附件5：

沙坪坝区残疾人精准康复辅助器具适配汇总表

（ ）年度

填表单位（盖章）：

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| 序号 | 姓名 | 性别 | 残疾  类别 | 残疾  等级 | 残疾证号码 | 家庭住址 | 联系电话 | 辅助器具名称 |
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领导签字： 审核人签字： 填表日期： 年 月 日