（添付書類１９）

**一部委託先事業所一覧**

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| **事業所名** |  |

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|  | **委託先事業所の名称** | | | | | | | | | | **所在地** | **委託内容** |
| **介護保険事業所番号** | | | | | | | | | |
| 1 |  | | | | | | | | | |  | □　定期巡回  □　随時対応  □　随時訪問  (詳細) |
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| 2 |  | | | | | | | | | |  | □　定期巡回  □　随時対応  □　随時訪問  (詳細) |
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| 3 |  | | | | | | | | | |  | □　定期巡回  □　随時対応  □　随時訪問  (詳細) |
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| 4 |  | | | | | | | | | |  | □　定期巡回  □　随時対応  □　随時訪問  (詳細) |
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| 5 |  | | | | | | | | | |  | □　定期巡回  □　随時対応  □　随時訪問  (詳細) |
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