附表2

长沙市慈善总会“致敬最美劳动者”医疗康复援助项目援助金领取情况统计表

制表单位（盖章）： 制表日期：

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| 序号 | 姓名 | 性别 | 年龄 | 身份证号码 | 工作单位 | 职务 | 联系电话 | 所患疾病 | 诊疗时间 | 自付医疗费用（元） | 援助金额（元） | 备注 |
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| 合计 |  |  |  |