附5

先天性结构畸形救助项目受助对象回访情况登记表

项目定点医疗机构 （盖章） 负责人 回访人(签字)

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| 序号 | 回访  日期 | 受助人  姓名 | 受访人  姓名 | 联系电话 | 与受助  人关系 | 救助金到位情况 | | | 受助人目前康复情况 | 反馈意见 | 是否满意 |
| 是 | 否 | 救助金额（元） |
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