**附件2：**

 **“幸福心动·情暖梵净”**

**——铜仁市先心病患者公益救助活动（疑似）患者调查摸底情况统计表**

填报单位： 联系人： 电话：

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| 序号 | 患者姓名 | 年龄（岁或年月） | 性别 | 监护人姓名 | 监护人电话 | 家庭住址 | 是否有诊断证明 | 是否自愿手术治疗 | 是否为 困难家庭 | 备注 |
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