附件4

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| 济源示范区非因工伤残或因病丧失劳动能力程度鉴定花名册 | | | | | | | | | |
| 单位（盖章）： | | | | | | | | | |
| 序号 | 姓名 | 性别 | 身份证号 | 申报疾病 | 治疗医院 | 住院时间 | 病案号 | 电话 | 备注 |
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| 填表人： 联系人： 单位电话： 手机号： | | | | | | | | | |