**20XX年康复训练服务记录表**

申请人： 康复机构名称（盖章）：

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| 日期 | 时间 | 训练内容 | 金额 | 康复员签名 | 满意 | 基本满意 | 不满意 | 监护人签名 |
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| 合计训练次数 | |  | 合计训练金额（元） | | |  | | |
| 机构经办人（签名）： | | | 制表日期： | | | | | |