石岡市、かすみがうら市、小美玉市の医療に関する意見書

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| ご氏名 |  | 年　齢 |  |
| ご住所 |  | | |
| メールアドレス |  | 市の回答 | 希望する　・　希望しない |
| （自由記載） | | | |
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