**北京仁泽公益基金会**

**受益人确认书**

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| **项目名称** | **依保®患者援助项目** | | | | |
| **项目执行单位** | 北京仁泽公益基金会 | | | | |
| **受益人姓名** |  | | **身份证号** |  | |
| **性 别** |  | | **手机** |  | |
| **电话** |  | |
| **家庭住址** |  | | | | |
| **审批编码** |  | **项目医师** | |  | |
| **援助物资名称** | **规格** | **数量（盒）** | | **金额（元）** | |
| **依保®** |  |  | | **—** | |
| **受益人签字** |  | | | **签字日期** |  |