

ISTANZA DI COMPENSAZIONE E/O RIMBORSO

Piazza Municipio - 89015 - PALMI

☐ soggetto delegato da parte di: _____

C.F.	recapito tel/mail
------	-------------------

C.F. _____ recapito tel/mail _____

- Anno 20____ : € _____, motiv. errore: _____;

Case	Age	Sex	Occupation	Duration of symptoms	Onset	Course	Outcome
1	45	M	Teacher	10 years	1985	Chronic	Recovery
2	35	F	Homemaker	5 years	1990	Chronic	Recovery
3	55	M	Engineer	15 years	1975	Chronic	Recovery
4	65	F	Retired	20 years	1965	Chronic	Recovery
5	40	M	Manager	8 years	1988	Chronic	Recovery
6	50	F	Homemaker	12 years	1980	Chronic	Recovery
7	30	M	Student	3 years	1995	Chronic	Recovery
8	60	F	Homemaker	18 years	1970	Chronic	Recovery
9	42	M	Engineer	7 years	1992	Chronic	Recovery
10	58	F	Homemaker	14 years	1978	Chronic	Recovery
11	38	M	Manager	6 years	1993	Chronic	Recovery
12	62	F	Homemaker	22 years	1968	Chronic	Recovery
13	48	M	Engineer	9 years	1987	Chronic	Recovery
14	52	F	Homemaker	11 years	1981	Chronic	Recovery
15	32	M	Student	4 years	1994	Chronic	Recovery
16	68	F	Homemaker	25 years	1963	Chronic	Recovery
17	44	M	Manager	7 years	1991	Chronic	Recovery
18	56	F	Homemaker	13 years	1979	Chronic	Recovery
19	36	M	Student	5 years	1996	Chronic	Recovery
20	64	F	Homemaker	21 years	1969	Chronic	Recovery

[illegible]

Dott. Giovanni Parrello