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| URENSTAAT  |
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| MAAND : |
| NAAM KLANT : |
| NAAM ZORGVERLENER : |
| BEDRIJFS NAAM ZORGVERLENER : |
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| DATUM | DAG | VAN - TOT | MINUTEN PV | MINUTEN VP |
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| BIJZONDERHEDEN : |
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| PARAAF KLANT : |