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| |  | | --- | | **衛生福利部部長信箱陳情案件 分派請示單** | | | | | | | |
|  | | | | ※案件編號 | | |
| 收件日期 |  | | 應結日期 | |  | | |
| 標 題 |  | | | | | | |
| 姓 名 |  | | | | | | |
| E-mail |  | | | | | | |
| 電 話 |  | | | | | | |
| **來信內容**： | | | | | | | |
| **說明分派情形:** | | | | | | | |
| **擬辦：本案如何分派，敬請核示。** | | | | | | | |
| **承辦單位** | | **會辦單位** | | | | **決行** | |