様式第3号(第3条関係)

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|  | 老人医療の特定疾病受療証、限度額適用・標準負担額減額認定証及び一部負担金減免証明書交付簿 |  |

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| 交付年月日 | 減・免等内容 | 交付番号 | 受給者番号 | 氏名 | 居住地 | 期間 | 長期入院該当年月日 | 備考 |
|  |  |  |  |  |  | 自　・　・  至　・　・ | ・　・ |  |
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