様式第8号(第2条関係)

医療券交付処理簿

　(　　年　　月分)

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| 受給者番号 | 交付年月日 | 診療月 | ケース番号 | 受療者番号 | 居住地 | 受療機関名 | 診療別 | 単独・併用 | 単給・併給 | 有効期間 | 本人支払額 | 交付方法 | 交付職員印 | 受領印 | 備考 |
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