様式第６号（第１０条関係）

小児慢性特定疾病児童等日常生活用具給付台帳

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| 申請 | | | 決定 | | | | | | | | | 納入日 | 支払年月日 | 備考 |
| 番号 | 対象者氏名 | 住所 | 給付等決定年月日 | 納入業者名 |  | 日常生活用具名 |  | 費用負担区分 | | | |
| 必要経費 | 基準超過額 | 利用者負担額 | 公　費  負担額 |  |  |  |
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