様式第10号（第3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 | 被支援者番号 | 受領者氏名 | 居住町村名 | 受領機関名 | 診療別 | 単独・併用 | 単給・併給 | 有効期間 | 本人支払額 | 交付方法 | 交付吏員 | 受領 | 備考 |
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