様式第1０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 | 受療者氏名 | 居住町村名 | 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 | 交付吏員印 | 受領印 | 備考 |
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