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| 様式第32号 | |  |  |  |  |  |  |  |  |  |  |  |  |
| 医療券交付処理簿 | | | | | | |  |  |  |  |  |  |  |
| 券種：　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　年　月　　～　　年　　月 | | | | | | | |  |  |  |  |  |  |
| 受給者番号 | 交付年月日 | 診察月 | ケース番号 | 受給者氏名 | 居住市町村 | 医療機関名 | 診療別 | 単独　　　　併用 | 単給　　　　併給 | 有効期間 | 本人支払額 | 知事決定日（診療科名） | 備　考 |
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