第3号様式（第3条関係）

受診券交付台帳

公費負担者番号　　　　　　　施設番号　　　　　施設名

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| 氏名 | 保険証の状況 | | | 受給者番号 | | | | | | | 受診券交付  年月日 | | | 受診券交付  番号 | | | 備考 |
| 国保 | 社保 | 無 | 施設番号 | | | 受給者番号 | | | 検証番号 |
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