様式第11号(第2条関係)

医療券交付処理簿

頁

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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 | 交付職員印 | 記名欄 | 備考 |
|  |  |  | ― |  |  |  |  |  |  | ― |  |  |  |  |  |
|  |  |  | ― |  |  |  |  |  |  | ― |  |  |  |  |  |
|  |  |  | ― |  |  |  |  |  |  | ― |  |  |  |  |  |
|  |  |  | ― |  |  |  |  |  |  | ― |  |  |  |  |  |
|  |  |  | ― |  |  |  |  |  |  | ― |  |  |  |  |  |
|  |  |  | ― |  |  |  |  |  |  | ― |  |  |  |  |  |
|  |  |  | ― |  |  |  |  |  |  | ― |  |  |  |  |  |
|  |  |  | ― |  |  |  |  |  |  | ― |  |  |  |  |  |
|  |  |  | ― |  |  |  |  |  |  | ― |  |  |  |  |  |
|  |  |  | ― |  |  |  |  |  |  | ― |  |  |  |  |  |
|  |  |  | ― |  |  |  |  |  |  | ― |  |  |  |  |  |
|  |  |  | ― |  |  |  |  |  |  | ― |  |  |  |  |  |
|  |  |  | ― |  |  |  |  |  |  | ― |  |  |  |  |  |
|  |  |  | ― |  |  |  |  |  |  | ― |  |  |  |  |  |
|  |  |  | ― |  |  |  |  |  |  | ― |  |  |  |  |  |