患者氏名

患者番号

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| 診療の点数等（　　　年　　月・外来） | | | | | | | | | | | | | | | |
| 種別 | / | / | / | / | / | / | / | / | / | / | / | / | / | / | / |
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| 合計点数 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 負担金徴収額 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |