様式第3号(第12条関係)

後期高齢者医療はり・きゅう施術録

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| 1 | 被保険者証記号・番号 | | | | ２　世帯主 | 住所 | | | ３施術を受けた者 | 氏名 |  | | | 男女 |
|  | | | | | 氏名 | | | 生年月日 | 年　　月　　日 | | 続柄 |  |
| 4　対症名 | | | | | | | | | 6施術開始日 | | | 年　　月　　日 | | |
| 施術月数 | | | 月目 | | |
| 施術期間 | | | 自　　年　　月　　日  至　　年　　月　　日 | | |
| 5受診日 | | | はり | きゅう | | | 2術 | 確認印 | 7転帰 | | | 治癒　継続　中止 | | |
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