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| 〔様式第6号　療養補償請求書〕 | | | | | | | | 3号紙 | | | | | | | | | | | | | | | |
| **＊11　調剤費請求明細** | | | | | | | | （職員氏名） | | |  | | | | | | | | | | | | |
| 処方せんを交付した診療期間の | | | 名称 | | |  | | | | | | | | | | | | | | | | | |
| 所在地 | | |  | | | | | | | | | | | | | | | | | |
| 担当医氏名 | | | 1. |  | | | | | | | | | 3. | |  | | | | | | | | |
| 2. |  | | | | | | | | | 4. | |  | | | | | | | | |
| 調剤期間 | | | 年　　月　　日から　　年　　月　　日まで | | | | | | | | | | | | | 日間 | | | 調剤実日数 | | | 日 | |
| 医師  番号 | 処方月日 | 調剤月日 | | | 処方 | | | | | | | | | | | | 調剤  数量 | 調剤報酬点数 | | | | | |
| 医薬品名・規格・用量・剤型・用法 | | | | | | | 単位薬剤料 | | | | | 調剤料 | | 薬剤料 | 加算料 | | |
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| 処方せん受付  回数 | | 回 | | | 摘要 | |  | | | | | | | | | | | | | | | | |
| 調剤基本料（点） | | | | | 時間外加算等（点） | | | | | 指導料（点） | | | | | | 合計点数 | | | 点 | | | | |
|  | | | | |  | | | | |  | | | | | | 合計金額 | | | 円 | | | | |
| 上記の事項は事実と相違ないことを証明します。  （この欄の記入は、調剤に当たった薬剤師に療養補償の費用の受領を委任する場合は不要です。） | | | | | | | | | | | | | | | | | | | | | | | |
| 年　　月　　日 | | | | | | | | | 所在地 | | | | |  | | | | | | | | | |
| 薬局の | | | | | | | | | 名称 | | | | |  | | | | | | | | | |
|  | | | | | | | | | 薬剤師の氏名 | | | | |  | | | | | | | | |  |