様式第42号（第33条関係）

更生医療給付申請及び決定簿

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| 申請書受付月日 | 更生指導台帳番号 | 氏名居住地 | 身体障害者手帳番号 | 障害名及び級別 | 判定依頼月日及び判定書受理月日 | 給付決定月日又は却下決定月日 | 更生医療券交付番号 | 決定の内容 | | | | | | | | 備考 |
| 更生医療券番号 | 受給者  番号 | 診療  日数 | 有効期限 | 傷病名 | 自己負担 | | 指定医療機関名 |
| 負担額 | 支払期日 |
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