**通院証明書**

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| **通院者　　住所　　宮崎県東臼杵郡椎葉村大字**  **氏名** | | | | | | | | | | | | |
| **通院月令和　　　年　　　月分（　　　日間）** | | | | | | | | | | | | |
|  | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** |  |  |
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| **上記のとおり通院したことを証明します。**  **令和　　年　　月　　日**  **病院名**  **医師　　　　　　　 　㊞** | | | | | | | | | | | | |

**注：通院した当該日に,主治医の印を押してください。**