使用薬一覧表　　　　　　　****

施設名

記載後各担当薬局の方へＦＡＸお願いします

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| 使用日 | 番号 | 使用薬名 | 使用数量 | ご利用者様名 | 対応者 | 開始日 | ﾁｪｯｸ |
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