

調剤報酬明細書

令和 年 月 日

都道府 薬局コード  
県番号

4 調剤 1 社・国 3 後期 1 単独 2 本外 8 高外  
2 公費 4 退職 2 2 六外 0 高外  
3 3 併 6 家外 7  
給付割合 10 9 8  
7 ( )

様式第五

Table with columns for patient information, including insurance numbers and medical institution details.

Table for insurance details, including insurer name and branch information.

Table for patient name and birth date, including special notes and occupational reasons.

保険薬  
局の所  
在地及  
び名称

Table for medical institution details and insurance type, including location and insurance name.

Main table for medication details, including date, name, quantity, unit price, and charges.

Summary table (摘要) for insurance charges, including total amount, patient contribution, and insurer payment.

※印欄は記入しないで下さい。令和4年4月改正