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| 医療機関コード |
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（様式報第５号）

実施状況報告書

（子宮がん）

宇都宮市長　様

　　　　　　　　医療機関　　所在地　〒

　　　　　　　　　　　　　　名　称

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　　　　　　　　　　　　　　医師名

２０　　　年　　　月分の実施状況を下記のとおり報告いたします。

〔費用免除者（再掲）〕 うち クーポン利用者

再検査実施者（再掲）

〔実施人数〕

子宮頸部のみ　　　　　　名　　　（　　　　名（うち　　名））　　　頸部（　　　　名）

子宮頸部＋体部　　　　　名　　　（　　　　名（うち　　名））　　　体部（　　　　名）

子宮頸部＋HPV　　　　　名　　　実施者全員費用免除　　　　　　　頸部（　　　　名）

子宮頸部＋HPV＋体部

　　　　　名 　　　（　　　　名）※体部免除者　 　体部（　　　　名）

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※　「免除」欄は，受診者が費用免除者に該当する場合に〇印を記入してください。

※　実施した検査項目欄に〇印を記入してください。

※　委託料振込口座に変更がある場合は，健康増進課あて御連絡ください。

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