様式1－①　 医療機関別取扱処方箋数〈眼科，耳鼻咽喉科，歯科を除く〉

薬局名：　　　　　　　　 （令和６年実績）

枚数の多い３医療機関については，名称を記入してください。 (単位：枚)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 医療機関名 | 市町村 | １月 | ２月 | ３月 | ４月 | ５月 | ６月 | ７月 | ８月 | ９月 | 10月 | 11月 | 12月 | 計 |
| ① |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| ② |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| ③ |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| ④その他合計 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 計 |  |  |  |  |  |  |  |  |  |  |  |  |  | Ａ |

様式1－②　 医療機関別取扱処方箋数〈眼科，耳鼻咽喉科〉

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| ① |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| ② |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| ③ |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| ④その他合計 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 計 |  |  |  |  |  |  |  |  |  |  |  |  |  | Ｂ |

様式1－③　 医療機関別取扱処方箋数〈歯科〉

薬局名：　　　　　　　　 （令和６年実績）

枚数の多い３医療機関については，名称を記入してください。 (単位：枚)

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 医療機関名 | 市町村 | １月 | ２月 | ３月 | ４月 | ５月 | ６月 | ７月 | ８月 | ９月 | 10月 | 11月 | 12月 | 計 |
| ① |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| ② |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| ③ |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| ④その他合計 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 計 |  |  |  |  |  |  |  |  |  |  |  |  |  | Ｃ |