№

4－6

**フッ化物洗口剤出納簿**

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| 月 日 | 受入数（包） | 受入者  印 | 使用数（包） | 残　数  （包） | 洗口液  作製者印 | 施設長  または  実施責任者  確認印 | 備 考 |
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