

Form A
様式 A

1. This form is used for claiming the social insurance benefit.
この様式は社会保険の給付の申請に使用されます。
2. This form should be completed and signed by the attending physician
この様式は担当医が書き、かつ署名して下さい。
3. One form for each month, one form for hospitalization / outpatient and home visit.
各月毎、入院・入院外毎に付この様式が1枚必要です。

Attending Physician's Statement 診療内容明細書

1. Name of patient (Last,First) Age (Date of Birth) Sex (Male · Female)
患者名 TARO KENPO 年齢 (生年月日) 1976.4.1 性別 (男 · 女)
2. Name of Illness or Injury preferably with Number of International Classification of Diseases for the use of Social Insurance (See the other side of this form) **歯及び歯の支持組織の疾患 (No.59)**
傷病名及び社会保険用国際疾病分類番号 (裏面参照)
3. Date of First Diagnosis : Mar 7, 2020
初診日
4. Days of Diagnosis and Treatment : 4 days
診療日数
5. Type of Treatment
治療の分類
 Hospitalization : From , 20 to 20 (days)
入院 自 至 (日間)
 Out patient or Home Visit : Mar 7, 2020 Mar 10, 2020
入院外 Mar 20, 2020 Mar 30, 2020
6. Nature and Condition of Illness or Injury (in brief)
症状の概要
う蝕
7. Prescription, operation and any other treatments (in brief)
処方、手術その他の処置の概要
抜歯・感染根管治療 等
8. Was the treatment required as a result of an accidental injury ? Yes No
治療は事故の傷害によるものですか。 はい いいえ
9. Itemized amounts paid to Hospital and / or Attending physician : Form B
治療実費 様式 B
10. Name and Address of Attending Physician
担当医の名前及び住所
Name 名前 : Last 姓 KENPO First 名 IINO
Address 住所 : Home 自宅 Phone
Office 病院又は診療所 304 Orchard Road #05-05 Phone +00-x x-△△△
Lucky Plaza Singapore 238863
Date 日付 Mar 30, 2020 Signature 署名 Dr. KENPO IINO
Attending Physician 担当医
Reference Number of your Medical Record (if applicable)
診療録の番号 1234567

Itemized Receipt
領収明細書

(1) Fee for Initial Office Visit	初診料	\$ 100	
(2) Fee for Follow up Office Visit	再診料	\$ 80	
(3) Fee for Home Visit	往診料	\$	
(4) Fee for Hospital Visit	入院管理料	\$	
(5) Hospitalization	入院費	\$	
(6) Consultation	診察費	\$ 50	
(7) Operation	手術費	\$	
(8) Professional Nursing	職業看護師費	\$	
(9) X Ray Examinations	X線検査費	\$ 120	
(10) Laboratory Tests	諸検査費	\$ 60	
(11) Medicines	医薬費	\$ 200	
(12) Surgical Dressing	包帯費	\$	
(13) Anesthetics	麻酔費	\$ 100	
(14) Operating Room Charge	手術室費用	\$	
(15) The Others (Specify) 抜歯	その他(特記せよ)	\$ 40	\$ 83.25
		\$	\$
(16) Total	合計	\$ 750	

Important : Exclude the amount irrelevant to the treatment, i. e, payment for luxurious room charge.

注意 : 高級室料等治に直接関係のないものは除いて下さい。

Name and Address of Attending physician / Superintendent of Hospital or Clinic

担当医又は病院事務長の名前及び住所

Name : Last KENPO First IINO Title Dr.
名前 姓 名

Address : Home 自宅 Phone _____
住所 Office 病院又は診療所 304 Orchard Road #05-05 Phone +〇〇-××-△△△
Lucky Plaza Singapore 238863

Date Mar 30, 2020 Signature Dr. KENPO IINO
日付 署名