Attending Physician's Statement

診療内容明細書

| 1. | Name of Patient (Last,First) A 患者名 | _ | , | Sex (Male·Female) 性別(男·女) | | |
|-----|--|--------|------------------------|------------------------------|---------------------------------|--------------|
| 2. | Name of Illness or Injury preferably w the use of National Health Insurance 傷病名及び国民健康保険用国際疾 | | | Classi | fication of dise | ases for |
| 3. | Date of First Diagnosis: D / M 日 月 | | <u>Y</u> 年/ | | | |
| 4. | Duration of Treatment:days 診療日数日 | 3 | | | | |
| 5. | Type of Treatment 治療の分類 □Hospitalization: From 入院 自 □Out patient or Home Visit: 入院外 | | / | / / / | /(/(| days) 日間) |
| 6. | Nature and Condition of Illness or Inju 症状の概要 | ıry | (in brief) | | | |
| 7. | Prescription , Operation and Any other 処方、手術その他の処置の概要 | · trea | tments (in brief) | | | |
| 8. | Was the treatment required as a result of 治療は事故の傷害によるものです: | | <i>3</i> • | s 🗆 🗆 | NO□ いいえ | |
| 9. | Itemized Amounts paid to Hospital and 治療実費 | d/o | r Attending Physician: | Form 様式 | | |
| 10. | Name and Address of Attending Physic 担当医の名前及び住所 | cian | | | | |
| | Name 名前 :Last 姓 | | First 名 | | Title 称号 | |
| | Address 住所: <u>Home 自宅</u> | | | | Phone 電話 | |
| | Office 病院又は診療 | | | | Phone 電話 | |
| | Date 日付: | | Signature 署名 | | | In Vive |
| | R | Lefer | ence Number of your M | | nding Physiciar Record (if a | |

| 翻 | 沢用紙(Form A の続紙) | |
|----|-----------------|--|
| 6. | 症状の概要 | |
| 7. | 処方、手術その他の処置の概要 | |

| | 翻 | 訳 | 者 | の | 記 | 入 | 欄 | |
|----|---|---|---|----|---|---|---|------|
| 名前 | | | | | | | | (II) |
| 住所 | | | | 電記 | 舌 | | | |