

様式第44号(規則第23条関係)

Form A

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 \_\_\_\_\_ 年齢(生年月日) \_\_\_\_\_ 性別(男・女) \_\_\_\_\_

2. Name of Illness or Injury preferably with Number of International Classification of diseases for the use of National Health Insurance  
傷病名及び国民健康保険用国際疾病分類番号

3. Date of First Diagnosis :     D / M / Y     \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
初診日                             日 / 月 / 年                     \_\_\_\_ / \_\_\_\_ / \_\_\_\_

4. Duration of Treatment : \_\_\_\_\_ days  
診療日数 \_\_\_\_\_ 日

5. Type of Treatment  
治療の分類

Hospitalization : From \_\_\_\_ / \_\_\_\_ / \_\_\_\_, to \_\_\_\_ / \_\_\_\_ / \_\_\_\_ ( days)  
入院                     自 \_\_\_\_ / \_\_\_\_ / \_\_\_\_ 至 \_\_\_\_ / \_\_\_\_ / \_\_\_\_ ( 日間)

Out patient or Home Visit : \_\_\_\_ / \_\_\_\_ / \_\_\_\_   \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
入院外                             \_\_\_\_ / \_\_\_\_ / \_\_\_\_                     \_\_\_\_ / \_\_\_\_ / \_\_\_\_

6. Nature and Condition of Illness or Injury (in brief)  
症状の概要

別紙に詳細にお書きください。

7. Prescription, Operation and Any other treatments (in brief)  
処方、手術その他の処置の概要

別紙に詳細にお書きください。

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                                     First名                                     Title 称号  
Address住所 : Home自宅                                     phone電話  
                                   Office病院又は診療所                                     phone電話

Date日付 : \_\_\_\_\_ Signature署名                     \_\_\_\_\_

Attending Physician担当医

Reference Number of your Medical Record (if applicable)  
診療録の番号 \_\_\_\_\_