## Request to Attending Physician 担当医へのお願い

- 1. Please fill in this form so that the patient may claim the National Health Insurance benefit. この用紙は、患者の国民健康保険の給付申請に必要ですので、証明をお願いします。
- 2. This form should be completed and signed by the attending physician. この用紙は、担当医師が書き、かつ署名してください。
- 3. One form for each month and one form for hospitalization / outpatient (home visit) should be filled out. この用紙は、各月ごと、入院、入院外ごとに一枚必要です。

## Attending Physican's Statement 診療内容明細書

| . Name of Patient (Last, First)  | Age (Date of Birth)<br>年齢(生年月日)  |   | Sex (Male・Female)<br>性別(男・女)  |  |      |                  |
|--|--|---|---|--|------|------------------|
| 患者名  |  |   |   |  |      |                  |
| 2. Name of Illness or Injury prefera   | oly with the Number of International Classification of diseases for the us   |   |   |  |      |                  |
| National Health Insurance (See   | the attached p   | aper)   |   |  |      |                  |
| 傷病名及び国民健康保険用国  | 際疾病分類番   | 号(別紙参照)   | )   |  |      |                  |
|  |  |   |   | (No.   |      | )                |
| 3. Date of First Diagnosis:  | D/   | M/  | <u>Y</u>  |  |      |                  |
| 初診日  | 日/   | 月/  | 年   |  |      |                  |
| . Days Diagnosis and Treatment:  | day  | ys  |   |  |      |                  |
| 診療日数   |  | 間   |   |  |      |                  |
| 5. Type of Treatment 治療の分類   | į  |   |   |  |      |                  |
| ☐ Hospitalization: From  | / /  | , to  | /   | /  | (    | days)            |
| 入院 自/  | /  | 至   | /   | /  | _ (  | 日間)              |
|  | ,  | /   | /   | /  |      |                  |
| ☐ Outpatient or Home Visit:  | /  | /   | /   | /  |      |                  |
| □ Outpatient or Home Visit:<br>入院外   | / /  | /   | /   | /  |      |                  |
|  | / /  | <u> </u>  | /   | /  |      |                  |
| 入院外  | / /<br>or Injury (in br  | /<br>ief)症状の概   | <i>/</i><br>.要  | /<br>/<br>その他の処                                | 置の概要 | H.               |
| 入院外<br>5. Nature and Condition of Illness  | or Injury (in br   | /<br>rief)症状の概<br>ents (in brief)                                       | /<br>要<br>処方、手術-  | /<br>/<br>その他の処<br>No□                         | 置の概要 | ti C             |
| 入院外  S. Nature and Condition of Illness  S. Prescription, Operation and Any  | or Injury (in br   | /<br>rief)症状の概<br>ents (in brief)                                       | /<br>要<br>処方、手術-  |  | 置の概要 | H <sub>V</sub>   |
| 入院外  5. Nature and Condition of Illness  7. Prescription, Operation and Ang  8. Was the treatment required as a  | or Injury (in bry other treatments)  | rief)症状の概ents (in brief)  | /<br>要<br>処方、手術・<br>y? Yesロ<br>はい                                   | No□<br>いいえ                                     | 置の概要 | 1 <del>1</del> 1 |
| 入院外  5. Nature and Condition of Illness  7. Prescription, Operation and Ang  8. Was the treatment required as a 治療は事故の障害によるもので   | or Injury (in bry other treatments)  | rief)症状の概ents (in brief)  | /<br>要<br>処方、手術-<br>y? Yes□<br>はい<br>iian: Fill in I                | No□<br>いいえ                                     | 置の概要 | 1H/              |
| 入院外  5. Nature and Condition of Illness  7. Prescription, Operation and Ang  8. Was the treatment required as a 治療は事故の障害によるもので  9. Itemized Amounts paid to Hospi  | or Injury (in br<br>y other treatment<br>a result of an action   | rief)症状の概ents (in brief)  | /<br>要<br>処方、手術-<br>y? Yesロ<br>はい<br>iian: Fill in I<br>様式B         | No□<br>いいえ<br>Form B.                          | 置の概要 | 7H)              |
| 入院外  5. Nature and Condition of Illness  7. Prescription, Operation and Ang  8. Was the treatment required as a 治療は事故の障害によるもので  9. Itemized Amounts paid to Hospi 項目別治療実費  10. Name and Address of Attendin                  | y other treatments of an activity of act | rief)症状の概ents (in brief) ccidental injurgetending Physic                | /<br>要<br>処方、手術-<br>以ア、手術-<br>はい<br>tian: Fill in l<br>様式B          | No口<br>いいえ<br>Form B.<br>に記入                   |      |                  |
| 入院外  5. Nature and Condition of Illness  7. Prescription, Operation and Ang  8. Was the treatment required as a 治療は事故の障害によるもので  9. Itemized Amounts paid to Hospi 項目別治療実費  10. Name and Address of Attendin                  | / / or Injury (in br y other treatme a result of an ac ital and/ or Att  | rief)症状の概ents (in brief) ccidental injurgetending Physical当医の名前及First 名 | /<br>要<br>処方、手術-<br>y? Yes□<br>はい<br>sian: Fill in I<br>様式B<br>なび住所 | No□<br>いいえ<br>Form B.<br>に記入                   | 称号   |                  |
| 入院外  5. Nature and Condition of Illness  7. Prescription, Operation and Ang  8. Was the treatment required as a 治療は事故の障害によるもので  9. Itemized Amounts paid to Hospi 項目別治療実費  10. Name and Address of Attendin Name 名前 : Last 姓 | / / or Injury (in br y other treatment a result of an action ital and/ or Att  | rief)症状の概ents (in brief) ccidental injurtending Physic                  | /<br>変<br>処方、手術-<br>はい<br>ian: Fill in I<br>様式B<br>なび住所             | No口<br>いいえ<br>Form B.<br>に記入<br>Title stone 電話 | 称号   |                  |

診療録の番号

## 様式A 翻訳

| 2. | 傷病名及び国民健康保険用国際疾病分類番号 |
|----|----------------------|
|    | 傷病名                  |
|    | 国民健康保険用国際疾病分類番号      |
| 6. | 症状の概要                |
|    |                      |
|    |                      |
|    |                      |
|    |                      |
| 7. | 処方、手術その他の処置の概要       |
|    |                      |
|    |                      |
|    |                      |
|    |                      |
|    | 翻 訳 者                |
|    | 住 所                  |
|    | 氏 名                  |
|    | 電話番号                 |