

Form C

- 1, This form is used for claiming the health insurance benefit.
この様式は健康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、この様式が1枚必要です。

Attending Dentist's Statement
歯科診療内容明細書

Name of patient (Last, First) (患者名)		Sex (性別) Male (男性) Female (女性)		Age (年齢)		Date of Birth (生年月日) Month / Day / Year			
Date of First Diagnosis (初診日) Month / Day / Year			Days of Diagnosis and Treatment (診療日数) Days			Medical Record Number (診療録番号)			
Please circle the treated tooth (治療した歯に○をつけてください)									
Permanent Teeth (永久歯) [UPPER] [RIGHT] 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 [LEFT] 32 31 30 29 28 27 26 25 24 23 22 21 20 19 18 17 [LOWER]					Primary Teeth (乳歯) [UPPER] [RIGHT] A B C D E F G H I J [LEFT] T S R Q P O N M L K [LOWER]				
Condition (傷病名) Please circle the appropriate one (該当するものに○をつけてください) •cavity(C) (虫歯) •missing tooth(F) (欠歯) •Stomatitis(G) (口内炎) •Pyorrhea alveolaris(P) (歯槽膿漏) •extraction needed(Z) (要拔牙) •The Other ()									
Dental Treatment (歯科治療)		Tooth No.and Surface (患歯番号・患歯部位)		Material.ETC (素材、その他)		Date (Month/ Day/Year)		Fee (治療費)	
Initial Office Visit (初診料)		No.		—		/ /			
X-Ray Examination (レントゲン検査)		No.		—		/ /			
Pulpectomy (抜髄)		No.		—		/ /			
Extraction (拔牙)		No.		—		/ /			
Filling (充填)		No.				/ /			
Inlay (インレー)		No.				/ /			
Metal Crown (金属冠)		No.				/ /			
Post Crown (継続歯)		No.				/ /			
Jacket Crown (ジャケット冠)		No.				/ /			
Bridge (ブリッジ)		No.				/ /			
Plate Denture (有床義歯)		No.				/ /			
Partial Denture (局部義歯)		No.				/ /			
Complete Denture (総義歯)		No.				/ /			
Treatment of Pyorrhea Alveolaris (歯槽膿漏処置)		No.		—		/ /			
Medication (投薬)		No.				/ /			
Others(Please Specify) (その他 ご記入ください)		No.				/ /			

Total

ATTENDING PHYSICIAN INFORMATION (担当医情報欄)			Currency Unit (通貨単位)	
Medical Institution Name (医療機関名)				
Address (住所)			Phone (電話番号)	
Name of Physician (担当医氏名)			Title (称号)	
Date (記入日)		Signature (署名)		
/ /				

※ Attending Physician (担当医)