

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]		Primary Teeth (乳歯) [UPPER]		
[RIGHT]	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	[RIGHT]	A B C D E F G H I J	[LEFT]
	32 31 30 29 28 27 26 25 24 23 22 21 20 19 18 17		T S R Q P O N M L K	
	[LOWER]		[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)				
<input type="checkbox"/> cavity(C) (虫歯) <input type="checkbox"/> missing tooth(F) (欠歯) <input type="checkbox"/> Stomatitis(G) (口内炎) <input type="checkbox"/> Pyorrhea alveolaris(P) (歯槽膿漏) <input type="checkbox"/> extraction needed(Z) (要拔牙)				
<input type="checkbox"/> 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 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)