

診療内容補足説明書

The form for the content of the medical treatment provided by the hospital or the clinic.

詳細が必要な項目: The medical service details

(8) X線・X-ray

レントゲン撮影をした部位 (例 手、胸)
Parts of the body examined by X-rays(e.g. hand, chest, etc)
枚数・金額 _____ 枚 _____ (額)
No.of films _____ pieces Cost _____

CT または MRI(どちらかに○)

Check CT or MRI(□CT, □MRI)

部位・金額 頭部・躯幹・()
Part of the body examined by CT or MRI (e.g. head, body trunk, etc)
額(Cost) _____

検査 (Laboratory tests)

| 検査日 (Date of tests) | 検査名(Kinds of examination) | 金額(Cost) |
|---------------------|---------------------------|----------|
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(9) 医薬費(Expenditure of medicine)

| 薬名・単位 Name and unit of dosage of medicine | 1日投与量 Daily dosage | 投与日数 Duration of administration | 金額 Cost |
|---|--------------------------|---------------------------------------|------------|
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(12) その他 (1)初診料～(10) 麻酔費までに含まれないもの

Other expenditures which do not include from (1)the fee for the patient's first visit to (10)the anesthesiologist's fee and the fee for anesthetic drugs

| 材料代、消耗品費等 Expense of materials, Expense of consumable goods | 金額 Cost |
|--|------------|
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☆ 受けた医療行為についてはすべて記入してください。(記入できない場合は、コピーして使用してください)

Please document every medical service you received. (When you need one more sheet, please make another copy of this sheet.)

☆ 金額(額)は現地通貨の額で記入してください。

Please declare the amount claimed in local currency.