

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)

(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

(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

☆ 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.