



OUTPATIENT APPLICATION FORM

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Please fill out everything within the black border

- This hospital will charge a fixed initial examination and treatment fee of 5,500 yen (Consumption tax is included) to patients who do not bring a referral at the time of their initial examination.
- In order to facilitate proper insured medical treatment and insurance billing, information from insurance cards will be retained in medical records.

(yy/mm/dd) / / I agree to the above : _____ (Signature)

Which department would you like to visit?

Cardiovascular Medicine	Gastroenterology and Hepatology	Nephrology	Neurology
Respiratory Medicine	Rheumatology	Diabetes, Metabolism and Endocrinology	Pediatrics
Surgery	Neurosurgery	Orthopaedic Surgery	Plastic and Reconstructive Surgery
Obstetrics and Gynecology	Dermatology	Urology	Ophthalmology
Otorhinolaryngology	Radiology	Anesthesiology	Cardiovascular Surgery
Oriental Medicine	Breast Cancer		

Purpose of today's visit

- To see the doctor Routine physical examination Vaccination (Self-pay)
- Work injury Injury while commuting to work
- Traffic accident (covered by mandatory vehicle insurance or other insurance)

NAME	SEX	DATE OF BIRTH	
		M · F	(yy/mm/dd) / /
ADDRESS	〒 — (Please write the address where you are staying in Japan.)		
TEL	Home Phone — —	Mobile — —	

事務記入欄

診療情報提供書 紹介状	有 · 無	他院CD-ROM	有 · 無
	S · B		
備考			