**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.**

●Ｘ線[Ｘ-ray]

・レントゲン撮影をした部位（　　　　　　　　　　　　　　　　　　　　）

　[Parts of the body examined by X-rays( 　　　)]

　・枚数：　　　　　　　　　枚　　金額：

[No.of films：　　　　　　　　pieces 　Cost：　　　　　　　　]

　・□ CT／□ MRI

　　　　・部位（　　　　　　　　　　　　　　　　　　　　）

　　　　　[Part of the body examined by CT or MRI( )]

・金額：

　　　　　[Cost：　　　　　　　　　　　 ]

・検査[Laboratory tests]

|  |  |  |
| --- | --- | --- |
| 検査日 [Date of tests] | 検査名[Kinds of examination] | 金額 [Cost] |
|  |  |  |
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●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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|  |  |  |  |
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|  |  |  |  |
|  |  |  |  |

●その他[Expense of materials,Expense of consumable goods]

|  |  |
| --- | --- |
| 材料代、消耗品費等  [Expense of materials, Expense of consumable goods] | 金額  [Cost] |
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