

Itemized Receipt  
領収明細書

(1) Fee for Initial Office Visit	初診料	\$	_____
(2) Fee for Follow-up Office Visit	再診料	\$	_____
(3) Fee for Home Visit	往診料	\$	_____
(4) Fee for Hospital Visit	入院管理料	\$	_____
(5) Hospitalization	入院費	\$	_____
(6) Consultation	診察費	\$	_____
(7) Operation	手術費	\$	_____
(8) Professional Nursing	職業看護婦費	\$	_____
(9) X-Ray Examinations	X線検査費	\$	_____
(10) Laboratory Tests	諸検査費	\$	_____
(11) Medicines	医薬費	\$	_____
(12) Surgical Dressing	包帯費	\$	_____
(13) Anesthetics	麻酔費	\$	_____
(14) Operating Room Charge	手術室費用	\$	_____
(15) The Others (Specify)	その他(特記せよ)	\$	_____
		\$	_____
(16) Total	合計	\$	_____

Important : Exclude the amount irrelevant to the treatment, i. e. payment for luxurious room charge.

注意 : 高級室料等治療に直接関係のないものは除いて下さい。

Name and Address of Attending physician / Superintendent of Hospital or Clinic  
担当医又は病院事務長の名前及び住所

Name : Last First Title  
名前 姓 名

Address : Home 自宅 Phone  
住所 Office 病院又は診療所 Phone

Date Signature  
日付 署名