

●Form A

Request to Attending Physician

担当医へのお願い

- 1 Please fill in this form so that the patient may claim the national health insurance benefit.
この様式は患者の国民健康保険の給付の申請に必要ですので、証明をお願いします。
- 2 This form should be completed and signed by the attending physician.
この様式は担当医が書き、かつ署名して下さい。
- 3 One form for each month and one form for hospitalization/outpatient(home visit) should be filed out.
各月ごと、入院・入院外ごとに、この様式が必要です。