

| 診療報酬(歯科)領収済証明書         |        |      |                |    |       |                |      |           |    |                |     |         |    |      |    |    |      |    |   |   |    |   |   |   |   |  |
|------------------------|--------|------|----------------|----|-------|----------------|------|-----------|----|----------------|-----|---------|----|------|----|----|------|----|---|---|----|---|---|---|---|--|
| 療養者氏名                  |        |      | 生 年            |    |       | 性 別            |      | 当 院 の 区 分 |    |                |     |         |    |      |    |    |      |    |   |   |    |   |   |   |   |  |
|                        |        |      | 昭・平・令 年生       |    |       | 男・女            |      | 保険医療機関    |    |                |     | 非保険医療機関 |    |      |    |    |      |    |   |   |    |   |   |   |   |  |
| 傷病名部位                  |        |      | 診 療 開 始 日      |    |       | 療 養 期 間        |      |           |    |                |     |         |    |      |    |    |      |    |   |   |    |   |   |   |   |  |
|                        |        |      | 平成<br>令和 年 月 日 |    |       | 自              |      |           |    | 至              |     |         |    |      |    |    |      |    |   |   |    |   |   |   |   |  |
|                        |        |      |                |    |       | 平成<br>令和 年 月 日 |      |           |    | 平成<br>令和 年 月 日 |     |         |    |      |    |    |      |    |   |   |    |   |   |   |   |  |
|                        |        |      |                |    |       | 診療実日数          |      |           |    | 転 帰            |     |         |    |      |    |    |      |    |   |   |    |   |   |   |   |  |
|                        |        |      |                |    |       | 日 治ゆ           |      |           |    | 死 亡            |     | 中 止     |    |      |    |    |      |    |   |   |    |   |   |   |   |  |
| 診 療 内 容                |        |      |                |    |       |                |      |           |    |                |     | 金 額     |    |      |    |    |      |    |   |   |    |   |   |   |   |  |
| 初診                     | 時間外    | 休日   | 深夜             | 乳  | 乳・時間外 | 乳・休日           | 乳・深夜 | 特         | 特導 | 特連             | 特地  | 外来      | 円  |      |    |    |      |    |   |   |    |   |   |   |   |  |
| 再診                     | ×      | 時間外  | ×              | 休日 | ×     | 深夜             | ×    | 乳         | ×  | 乳・時間外          | ×   | 乳・休日    | ×  | 乳・深夜 | ×  | 特  | ×    | 再来 | × | 円 |    |   |   |   |   |  |
| 管理                     | 歯管     | 義管   | +              | ×  | ×     | 実地指            | F局   | F洗        | 医管 | その他            | 円   |         |    |      |    |    |      |    |   |   |    |   |   |   |   |  |
| 投薬・注射                  | 内屯外注   | 調    |                |    | ×     | ×              | 処方   | ×         | 情  | ×              | +   | ×       | 処  | ×    | 注  | ×  | ×    | 円  |   |   |    |   |   |   |   |  |
| X線検査                   | パ      | ×    | ×              | 写  | ×     | P混検            | ×    | P部検       | ×  | 基本             | ×   | ×       | 精密 | ×    | ×  | そ  | 円    |    |   |   |    |   |   |   |   |  |
|                        | 全額     | 枚    | S培             | ×  | 顎運動   | ×              | 平調   | ×         | ×  | ×              | ×   | ×       | 精密 | ×    | ×  | 他  | 円    |    |   |   |    |   |   |   |   |  |
|                        | ×      | ×    | EMR            | ×  | ×     | ×              | ×    | ×         | ×  | ×              | ×   | ×       | ×  | ×    | ×  | ×  | 円    |    |   |   |    |   |   |   |   |  |
| 処置                     | う蝕     | ×    | 保護処置           | ×  | ×     | ×              | ×    | 填塞        | ×  | ×              | ×   | ×       | 除去 | ×    | ×  | ×  | 知覚過敏 | ×  | × | × | 咬調 | × | × | 円 |   |  |
|                        | 抜      | ×    | 感              | ×  | ×     | ×              | ×    | 根         | ×  | ×              | ×   | ×       | 根  | ×    | ×  | ×  | 加圧   | ×  | × | × | 生切 | × | × | 円 |   |  |
| 手術                     | S C    | ×    | +              | ×  | ×     | +              | ×    | SRP       | 前  | ×              | 小   | ×       | 大  | ×    | 前  | ×  | 小    | ×  | 大 | × | 円  |   |   |   |   |  |
|                        | PCur   | 前    | ×              | 小  | ×     | 大              | ×    | 前         | ×  | 小              | ×   | 大       | ×  | SPT  |    | P処 | ×    | P基 | 処 | × | 円  |   |   |   |   |  |
|                        | 抜歯     | 乳    | ×              | 前  | ×     | 白              | ×    | 難         | ×  | 埋              | ×   | +       | ×  | 切開   | ×  | ×  | 円    |    |   |   |    |   |   |   |   |  |
|                        | その他    |      |                |    |       |                |      |           |    |                |     |         |    | 特定   | 薬剤 | 円  |      |    |   |   |    |   |   |   |   |  |
| 麻酔                     | 伝麻     | ×    | 浸麻             | ×  | その他   | 円              |      |           |    |                |     |         |    |      |    |    |      |    |   |   |    |   |   |   |   |  |
| 冠修復及び欠損                | 補診     | 維持管理 |                |    | ×     | ×              | ×    | 印象        | ×  | ×              | ×   | ×       | ×  | ×    | ×  | ×  | ×    | ×  | × | × | ×  | × | × | × | 円 |  |
|                        | 歯冠形成   | 前    | ×              | 前  | ×     | +              | ×    | ×         | 充形 | ×              | 咬合  | ×       | ×  | ×    | ×  | ×  | ×    | ×  | × | × | ×  | × | × | × | 円 |  |
| 冠修復及び欠損                | 乳      | ×    | 乳              | ×  | +     | ×              | 修形   | ×         | ×  | 支自製造           | メタル | ×       | ×  | ×    | ×  | ×  | ×    | ×  | × | × | ×  | × | × | × | 円 |  |
|                        | 乳前銀    | ×    | ×              | ×  | ×     | ×              | ×    | ×         | ×  | ×              | ×   | ×       | ×  | ×    | ×  | ×  | ×    | ×  | × | × | ×  | × | × | × | 円 |  |
| 冠修復及び欠損                | 前小バ    | ×    | ×              | ×  | ×     | ×              | ×    | ×         | ×  | ×              | ×   | ×       | ×  | ×    | ×  | ×  | ×    | ×  | × | × | ×  | × | × | × | 円 |  |
|                        | 前小ニ    | ×    | ×              | ×  | ×     | ×              | ×    | ×         | ×  | ×              | ×   | ×       | ×  | ×    | ×  | ×  | ×    | ×  | × | × | ×  | × | × | × | 円 |  |
| 冠修復及び欠損                | 大バ     | ×    | ×              | ×  | ×     | ×              | ×    | ×         | ×  | ×              | ×   | ×       | ×  | ×    | ×  | ×  | ×    | ×  | × | × | ×  | × | × | × | 円 |  |
|                        | 大銀     | ×    | ×              | ×  | ×     | ×              | ×    | ×         | ×  | ×              | ×   | ×       | ×  | ×    | ×  | ×  | ×    | ×  | × | × | ×  | × | × | × | 円 |  |
| 冠修復及び欠損                | 大二     | ×    | ×              | ×  | ×     | ×              | ×    | ×         | ×  | ×              | ×   | ×       | ×  | ×    | ×  | ×  | ×    | ×  | × | × | ×  | × | × | × | 円 |  |
|                        | 14K    | ×    | ×              | ×  | ×     | ×              | ×    | ×         | ×  | ×              | ×   | ×       | ×  | ×    | ×  | ×  | ×    | ×  | × | × | ×  | × | × | × | 円 |  |
| 補綴義歯                   | ボネティック | バ大   | ×              | バ小 | ×     | 裏              | バ前   | ×         | バ小 | ×              | Br  | ×       | バ  | バ    | ×  | ニ  | ×    | ×  | × | × | ×  | × | × | × | 円 |  |
|                        | 前装     | バ    | ×              | ニ  | ×     | ニ              | ×    | 銀         | ×  | ×              | ×   | ×       | ×  | ×    | ×  | ×  | ×    | ×  | × | × | ×  | × | × | × | 円 |  |
| 補綴義歯                   | 1~4歯   | ×    | 床              | ×  | ×     | ×              | ×    | ×         | ×  | ×              | ×   | ×       | ×  | ×    | ×  | ×  | ×    | ×  | × | × | ×  | × | × | × | 円 |  |
|                        | 5~8歯   | ×    | 床              | ×  | ×     | ×              | ×    | ×         | ×  | ×              | ×   | ×       | ×  | ×    | ×  | ×  | ×    | ×  | × | × | ×  | × | × | × | 円 |  |
| 補綴義歯                   | 9~11歯  | ×    | 適              | ×  | ×     | ×              | ×    | ×         | ×  | ×              | ×   | ×       | ×  | ×    | ×  | ×  | ×    | ×  | × | × | ×  | × | × | × | 円 |  |
|                        | 12~14歯 | ×    | 合              | ×  | ×     | ×              | ×    | ×         | ×  | ×              | ×   | ×       | ×  | ×    | ×  | ×  | ×    | ×  | × | × | ×  | × | × | × | 円 |  |
| その他                    |        |      |                |    |       |                |      |           |    |                |     |         | 円  |      |    |    |      |    |   |   |    |   |   |   |   |  |
| その他                    |        |      |                |    |       |                |      |           |    |                |     |         | 円  |      |    |    |      |    |   |   |    |   |   |   |   |  |
| 合                      |        |      |                |    |       |                |      |           |    |                |     | 計       |    |      | 円  |    |      |    |   |   |    |   |   |   |   |  |
| 摘要                     |        |      |                |    |       |                |      |           |    |                |     |         |    |      |    |    |      |    |   |   |    |   |   |   |   |  |
| 上記の金額は、自費診療扱いで 郵便番号( ) |        |      |                |    |       |                |      |           |    |                |     |         |    |      |    |    |      |    |   |   |    |   |   |   |   |  |
| 領収済であることを証明します。 所在地    |        |      |                |    |       |                |      |           |    |                |     |         |    |      |    |    |      |    |   |   |    |   |   |   |   |  |
| 令和 年 月 日 医療機関 TEL      |        |      |                |    |       |                |      |           |    |                |     |         |    |      |    |    |      |    |   |   |    |   |   |   |   |  |
| 名 称                    |        |      |                |    |       |                |      |           |    |                |     |         |    |      |    |    |      |    |   |   |    |   |   |   |   |  |
| 医 師 名                  |        |      |                |    |       |                |      |           |    |                |     |         |    |      |    |    |      |    |   |   |    |   |   |   |   |  |

医療機関におねがい

- 診療内容内訳については毎月レセプト同様記入してください。
- 保険診療扱いの場合は証明しないでください。