Hospital Application Form

OPlease put it in the box at reception desk for new patient after filling in.

OReception Hour 8:30 - 11:00

:						
		_	_			
		_	_			
	→ □	()
				*		

⁻Even though your symptoms are stable and we recommend you consult with another Japanese medical institution, if you decide to return to our hospital, you need to pay SENTEL RYOYOHI (You will pay the following Return Patients fee).

	Medical Department	Dental Department
New Patient :	13,200yen(inc. tax)	5,500yen(inc. tax)
Return Patient :	3,300yen(inc. tax)	2,090yen(inc. tax)

⁻It is possible to receive an initial consultation without a medical referral letter from another medical institution. However, you need to pay SENTEIRYOYOHI(additional fee) by Japanese law.

1. Are your injuries caused by a traffic accident or an accident at your work?
□ Yes □ No 2. Do you have a Japanese insurance card or paper?
If you do not have this, please present your passport and credit card. We will make a copy of them.
□ Yes □ No 3. Are you hospitalized at another hospital?
□ Yes □ No
4. Do you have a Japanese nationality?
☐ Yes ☐ No
5. Do you live in Japan?
□ Yes □ No
If you answer all "No" to the above question No. 2, 4 and 5, your consultation fee will be calculated at rate of 30 yen per point.
I(Patient) agree to the above calculation system for consultation fee.
Signature