

Hospital Application Form

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

○Reception Hour 8:30 - 11:00

:			
			<input type="checkbox"/> <input type="checkbox"/>
	-	-	
	-	-	
	<input type="checkbox"/> <input type="checkbox"/>		
	<input type="checkbox"/> → <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
	<input type="checkbox"/>	()
	◆		

-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.
 -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 SENTEI 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)

Please turn over and fill in the back side →

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 a rate of 30 yen per point.

I(Patient) agree to the above calculation system for consultation fee.

Signature