

Hospital Application Form

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

○Reception Hour 8:30 - 11:00

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Lraa da gɹaɹaɹ al nɹi a p ɹaɹh ɹa ɹk uk n i a e h at i e ɹa	. - Ca an hE ɹaɹa h i a eea /5 Dai ɹk ɹk cu .. a rko ɹaɹu 0, ari ɹk ɹk cu ./ a r k ɹk cu 0- ɹa k l a e O ɹaɹu .0 Lau de ɹu 0. Lh ɹa O ɹaɹu .2 I ɹaɹa h i k ɹk cu R ɹa h O ɹa a 0/ a ɹaɹa ɹk ɹk cu .3 ɹk ɹa k h n u c k ɹk cu Da a g O ɹaɹu 00 al d r k ɹk cu .4 Nad ɹa ɹk n u l a eea 01 r k ɹk cu .5 Pa k n e O ɹaɹu 02 ɹa ɹa e o Cu a k ɹk cu /, n ɹa o h n l a eea 03 e c k ɹa N ɹk ɹk cu /- n ɹa o h n O ɹaɹu 04 N e ɹa k ɹk cu /, C ɹa k a ɹa k ɹk cu I a p k ɹa 05 La e ɹe O ɹaɹu // C ɹa k a ɹa k ɹk ce h O ɹaɹu 1. ɹe h k ɹk cu /0 Ph d h p ɹa O ɹaɹu 1/ E ɹa ɹa o ɹa a a o /1 A k r e k ɹk cu e a ɹe l a eea 10 Ai arca u ɹa e h r a l a eea /2 ɹe h i i k ɹk cu N d a i ɹk ɹk cu 11 Nad ɹa ɹa l a eea /3 ɹa a p O ɹaɹu 12 ɹe h I k ɹa h n Ca a ɹe o /4 La e ɹe o ◆ a p h a l n i a ɹa		

-It is possible to receive an initial consultation without a medical referral letter from another medical institution. However, you need to pay SENTEIRYOYOH(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 RYOYOH (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