

## 診療内容補足説明書

**The form for the content of the medical treatment provided by the hospital or the clinic.**

● X線[X-ray]

・レントゲン撮影をした部位 ( )  
 [Parts of the body examined by X-rays( )]

・枚数 : \_\_\_\_\_枚 金額 : \_\_\_\_\_  
 [No.of films : \_\_\_\_\_pieces Cost : \_\_\_\_\_]

・  CT /  MRI

・ 部位 ( )  
 [Part of the body examined by CT or MRI( )]

・ 金額 : \_\_\_\_\_  
 [Cost : \_\_\_\_\_ ]

・ 検査[Laboratory tests]

検査日 [Date of tests]	検査名 [Kinds of examination]	金額 [Cost]

● 医薬費 [Expenditure of medicine]

薬名・単位 [Name and unit of dosage of medicine ]	1日投与量 [Daily dosage]	投与日数 [Duration of administration]	金額 [Cost]

● その他 [Expense of materials, Expense of consumable goods]

材料代、消耗品費等 [Expense of materials, Expense of consumable goods]	金額 [Cost]