Form B-2 様式 B-2

This form should be completed and signed by the attending dentist この様式は担当医が書き、かつ署名してください。

Attending Dentist's Statement and Receipt 歯科診療内容明細書兼領収書

Name of patient (Last, First) 患者名 Date of First Diagnosis (初診日):/	年令(生年月日)		Sex(Male/Female) 性別(男・女)				
Days of Diagnosis and Treatment (診療日数):							
Permanent		Prir	nary t	ooth			
(Upper) 1 2 3 4 5 6 7 8 9 10 11 12 R.	13 14 15 16	_	ABCDEFGHIJ				
(Lower) 32 31 30 29 28 27 26 25 24 23 22 2	22 21 20 19 18 17			T S R Q P O N M L K			
Tooth No. Description of Ser	of Service		Date				
or Letter (Including X-Rays, Prophylaxis, Materials used, ETC)			MO.	DA.	YR.	Amount	
						• .	
	, , , , , , , , , , , , , , , , , , , ,						
			Total Amount				
Name and Address of Attending physician 担当医の名前及び住所							
Name 名前 : <u>Last 姓</u>	First 名						
Address 住所 : <u>Home</u> 自宅			F	hone			
Office 病院又は診療所			F	hone	,	,	
Date 日付 Sig	gnature 署名		· · ·				
			At	tending	Physic	ian 担当医	

診療録の番号_