

診療報酬明細書

(歯科)

平成 年 月 分 14

都道府県 医療機関コード 県番号

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歯科点数表によらない補綴等(計画・見積)明細書

※詳細が不明の場合、支払可能なものについても減額または不支給になることがありますので注意して記載して下さい。

Table with columns for insurance numbers and patient information.

Table for insurance details and patient identification numbers.

Table for patient name, sex, age, and occupation.

Table for insurance provider and location information.

Table for medical history and dates of treatment.

Table for treatment details including procedures and materials.

Table for dental procedures and materials used.

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Form for medical history, diagnosis, and treatment design.

Diagram of a dental arch with labels for prosthetic parts, materials, and costs.

Form for medical institution name, address, and contact information.

神奈川県歯科医師会 日22・4改正