Date: (YYYY/MM/DD)

Application form for medical certificates, etc.

Patient ID											
Patient name							Inpatie	nt □Outpati	ent		
Address		〒 −									
Certificate validity period etc.	□Inpatient □Outpatient	Dept	Υ	М	D ~	Υ	М	D			
		Dept	Y	М	D ~	Y	М	D			
od etc.		Dept	Y	М	D ~	Y	М	D			
Type of certificate. etc.		□Hospital-prescribed (copy(ies)) 3,300 yen/copy		□Life insurance (copy(ies)) 7,700 yen/copy			□Birth notification (copy(ies)) 3,300 yen/copy				
		□Death certificate (copy(ies)) 4,400 yen/copy		□Disability pension certificate (copy(ies)) 7,700 yen/copy		comp	□Death certificate (for insurance company) (copy(ies)) 11,000 yen/copy				
		□Injury and disease allowance (copy(ies)) 100 points (insurance applicable)		□Visiting nursing instructions (copy(ies)) 300 points (insurance applicable)		(cc	☐Medical certificate in foreign language(copy(ies))11,000 yen/copy				
		□Automobile liability insurance (copy(ies)) 7,700 yen/copy		□Automobile liability insurance statement (copy(ies)) 5,500 yen/copy		⊔Oth	□Other (copy(ies)) 7,700 yen/copy				
		■ With regard to the medical certificates below those applying <u>for the first time</u> must go to the <u>Patient Consultation counter</u> .									
		□Disability certificate (copy(ies)) 7,700 yen/copy		□Designate (copy(ie 3,300	(cc	□Pediatric chronic diseases(copy(ies))250 points (insurance applicable)					
							<u>Total</u>	copy(ies)			
		I have checked the details of the application and agree to pay the expenses incurred.									
Applicant name		□ Patient □ Other (Name: Note: a letter of proxy is required in the case of requests					Relationship:) s made by third parties.				
	Recipient name	□Patient □Oth	er()							
Notification		Contact phone number Home/mobile []									
		☐ Workplace, etc. []									
		Notification necessary Hospital Ward (in hospital): East Ward Floor / West Ward Floor / Advanced Medical Care Center Floor									
		Can a message be left on your phone? Yes · No									
		□Notification unnecessary									
		•In the case of multiple applications ☐Contact me when they are all ready document becomes ready									
		Note 1 Please provide a telephone number as your contact number where it will be definitely possible to contact you. Note 2 Once complete the documents will be checked and then handed over to you on the next weekday. Your kind understanding is appreciated.									

How to	□At hospital counter □By post (commission fee: 1,570yen)									
deliver	□Hospital Ward*	Eas Ward	Floor / West Ward	Floor / Advanced Medical Care Center	Floor					
documents	*Some time is required for the creation of the documents. Inpatients who wish to have them before discharge should ask directly at their hospital ward.									
Remarks										
Those applying for renewal of Specific Pediatric Chronic Disease certificates (medical opinion) must complete the following details.										
•Prefecture of birth: [] •Mother's birth date: [Y M D]										
•Weight at birth: [g]										
•Weeks of pregnancy:[Weeks]										
Registered address at time of birth: Prefecture: City/Town/village]										
·State of study/	employment: []							
·What, if any, other medical certificates do you possess?:[
Note: Those who do not have a medical opinion form when applying to renew Specific Pediatric Chronic Disease certificates are requested to write the name of the disease here:										
Disease name: []										
(This column for hospital use)	□System regist	ration con	nplete	□System response N/A						