〔診療費請求明細〕　　**歯　科**　**用**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| (職員氏名) | | | | | | | | | | | | | | | | | | | | | | | | | 年　　　　　月分　（診療実日数　　　　　　　日） | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 診療日 | | | 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 傷病名部位 | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 転　帰 | | | | |
| 治ゆ・死亡・中止・継続 | | | | |
| 初診 | | 加算（時間外　　　　・休日　　　　・深夜　　　　・その他（　　　　　　　　　　　　　　　　　　　）） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 点 |
| 再診 | | 加算（時間外　　　　・休日　　　　・深夜　　　　・その他（　　　　　　　　　　　　　　　　　　　）） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| 管理 | | 歯管 | | | | | | | | | 義管 | | | | | | | | 歯清 | | | | | | | 衛実 | | | | | | Ｆ局 | | | | | | Ｆ洗 | | | | | | 医管 | | | | | | その他 | | |  |
| 投薬・注射 | | | | | | 内屯外注 | | | | | | | | | | | | | | | | | | | | 調 | | | | | | 処方 | | | | | | 情 | | | | | | 処 | | | | | | 注 | | |  |
| Ｘ線検査 | 全顎　　　　枚 | | | | | | | 模 | | | | | | S　培 | | | | | | | 平測 | | | | | | | 基本検査 | | |  | | | | | | | | | | | 精密検査 | |  | | | | | | その他 | |  |  |
| 片顎　　　　枚 | | | | | | | 写 | | | | | | 顎運動 | | | | | | |  | | | | | | |  | | | | | | | | | | |  | | | | | |
| 標 | | | | | | | EMR | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | |
| パ | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | |
| 処置・手術 | う触 | | | | | | | 覆罩 | | | | | | | 填塞 | | | | | | 除去 | | | | | | | | | | | | 知覚過敏 | | | | | | | | | | | 咬調 | | | | | | | | |  |
| 抜　髄 |  | | | | | | 感染根処 | |  | | | | | 根管貼薬 | | |  | | | | 根  充 | | |  | | | | | 抜髄即充 | |  | | | | 感根即充 | | | |  | | | | | 加圧根充 | | |  | | 生切 | |  |
| 失切 | |  |
|
| ＳＣ | | |  | | | | | | | | | | | | | | ＳＲＰ　前　　　　　　　　　小　　　　　　　　　大 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| PCur | | | 前　　　　　　　　小　　　　　　　大 | | | | | | | | | | | | | | | | | | | | | | | | | ＳＰＴ | | | | | | | | | | | | | | | | | | Ｐ処 | | | | | |
| 抜歯 | | | 乳　　　　　前　　　　　　臼　　　　　　難　　　　　　埋 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 切開 | | | | | |  |
| その他 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 特定薬剤 | | | | | | | | | | | | | |
| 麻酔 | | | | 伝麻 | | | | | | | | 浸麻 | | | | | | | | その他 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| 歯  冠修復及び欠損補綴 | 補診 | | | | | | | | 維持管理 | | | | | | | | | | | | | | | | 印象 | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| 歯冠形成 | | 生  活 | | | 前  鋳ジ | | | 失活 | | | 前  鋳ジ | | | | | | | | | | | 窩洞 | |  | | | 充形  修形 | | | | | | 咬合 | | | | | | | | | | | | | | | | | | |
| 試適 | | | | | | | | | | | | | | | | | | |
| 支台  築造 | | | | | | | メタル前小　　　大  その他前小　　　大 | | | | | | | | | | | |
| 鋳造歯冠修復 | | 乳前小銀 | | | | | | | | | | | | | | | | | | | | | | TEK | | |  | | | | | | 充填 | | | | | | |  | | | | | | | | | | | |  |
| 前小パ | | | | | | | | | | | | | | | | | | | | | | 硬ジ | | |  | | | | | | 充填材料 | | | 充Ⅰ | | | |  | | | | | | | | | | | |
| 前小ニ | | | | | | | | | | | | | | | | | | | | | | ジ | | |  | | | | | | 充Ⅱ | | | |  | | | | | | | | | | | |
| 大パ | | | | | | | | | | | | | | | | | | | | | | 修理 | | |  | | | | | | 充Ⅲ | | | |  | | | | | | | | | | | |
| 大銀 | | | | | | | | | | | | | | | | | | | | | | 装着 | | |  | | | | | | その他 | | | |  | | | | | | | | | | | |
| 大ニ | | | | | | | | | | | | | | | | | | | | | | 装着材料 | | |  | | | | | | ﾘﾃｲﾅｰ | | | | | | |  | | | | | | | | | | | |
| 14K | | | | | | | | | | | | | | | | | | | | | |  | | | | | | 仮着 | | | | | | |  | | | | | | | | | | | |
| ﾎﾟﾝﾃｨｯｸ | | 鋳造 | | パ大  ニ | | | | | | | | 銀 | | | | パ小  銀 | | | | | | | | | | Bｒ装着 | |  | | | | | | | | | | | | バ｜ | | 鋳 | | | パ | | | | | ニ | |  |
| 屈曲 | | | パ上 | | | | | 下 | |
| 前装 | | | | パ　　　　　　　ニ　　　　　　銀 | | | | | | | | | | | | | | | | | | | | 不特 | | | | | 保 | |
| 有床義歯 | | １～４歯 | | | | | | | | | | 床裏装 | | |  | | | | 鋳造鉤 | | | |  | | | | | | | | | | | 線鉤 | | | | | | | | | | | 人工歯 | | | | |  | |  |
| 5～8歯 | | | | | | | | | |  | | | |  | | | | | | | | | | |
| ９～11歯 | | | | | | | | | |  | | | |  | | | | | | | | | | |
| 12～14歯 | | | | | | | | | |  | | | |  | | | | | | | | | | | 床修理 | | | | | | | | | | |
| 総義歯 | | | | | | | | | |  | | | |  | | | | | | | | | | |
| その他 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| その他 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| 合　計　点　数　①  （点数で算定できないもの等については、裏面に記載してください。） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 点 |

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| --- | --- | --- |
| 文書料  □　認定時診断書 円  □　休業補償証明 円  □ 円  □ 円  □ | その他点数で算定できないもの等  □　初診 円  □　再診 円  □  □ | |
| 摘　要 | | |
| 点数で算定するものの合計（表面①の点数×１点単価）  　　　　　　　　　　点　×　　　　　円＝　　　　　　　　　　円② | | 点数で算定できないものの合計額  円③ |
| 請求額（②＋③）  円 | | |
| 歯科医師の証明  （※　本人が請求する場合は、この欄に歯科医師による内容証明を受け、領収書等を添付してください。なお、診療に当たった診療機関に療養補償の費用の受領を委任する場合には、この欄の記入は不要です。）  上記の事項は、事実と相違ないことを証明します。  　　　年　　　月　　　日  　　　　　　　　　　　　　 診療機関の | | |

　注１　補償の範囲は、原則として、健康保険における療養の給付の範囲と同様です。

　　３　薬名、回数等は、すべて摘要欄に記入してください。