都支部様式第41号

〔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  　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　（自署又は押印） | | |

　注１　労災診療単価（課税医療機関１点12円、非課税医療機関１点11.5点）により算定することができます。

　　２　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。