

REGISTRATION FORM 診察券申込書

Name (氏名) _____ Male (男) • Female (女) Age(年齢) : _____

Nationality (国籍) _____

Date of Birth (生年月日) Y (年) _____ M (月) _____ D (日) _____

ZIP -

Address (住所) : _____

TEL(Home) (自宅) : _____

TEL(Mobile) (携帯) : _____

Insurance category

- Japanese public medical Insurance (国保)
- Employee's Insurance (社保)
- Private Insurance (自費)
- No Insurance (なし/自費)

For Staff Only (以下スタッフ記載) _____

Resigtration No.(患者様番号) _____

Which color do you prefer for your registration card?

