

平成 年 月分
診療報酬領収済明細書(歯科)

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---------------|---------|--|-------|-------|----------|------|-------|--------------|---------------------|-----|---|----|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|----|--|--|--|--|----|----|----|----|----|
| 組合員証記号番号 | | 公立京都 | | | 組合員証発行機関 | | | 公立学校共済組合京都支部 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 組合員住所・氏名 | | | | | | | | 公務上 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 受給者住所・氏名 | | 男・女 | | | | | | 年 月 日生 | | 公務外 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 部位及び傷病名 | | <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%;">8</td><td>7</td><td>6</td><td>5</td><td>4</td><td>3</td><td>2</td><td>1</td> <td style="width: 5%;">1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td> </tr> <tr> <td>8</td><td>7</td><td>6</td><td>5</td><td>4</td><td>3</td><td>2</td><td>1</td> <td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td> </tr> </table> | | | | | | 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td colspan="5" style="text-align: center;">転帰</td></tr> <tr> <td style="width: 20%;">治ゆ</td> <td style="width: 10%;">繰越</td> <td style="width: 10%;">死亡</td> <td style="width: 10%;">転医</td> <td style="width: 10%;">中止</td> </tr> </table> | | 転帰 | | | | | 治ゆ | 繰越 | 死亡 | 転医 | 中止 |
| 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 転帰 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 治ゆ | 繰越 | 死亡 | 転医 | 中止 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 初診 | 年 月 日 | 当月開始 | 年 月 日 | 診療日数 | 年 月 日 | 終診 | 年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 診療の内容 | | | | | | | | 点 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 初診 | 時間外 | 休日 | 深夜 | 乳 | 障 | 紹 | 病 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 再診 | 時間外 | 休日 | 深夜 | 乳 | 障 | 病 | 指導 | 衛 | F+ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 投薬・注射 | 内・屯・外・注 | 調 | 処方 | + | 情 | 処 | + | 注 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| X線検査 | パ全額 | 枚 | 模 | 平測 | S増写+ | 基本検査 | 精密検査 | その他 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 処置・手術 | 即処 | 普処 | 覆歯 | 除去 | 知覚過敏 | ラバー | 咬調 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 抜 | 麻 | 感染根処 | 根管貼薬 | 根充 | 即充 | 生切 | 加圧根充 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 髓 | 抜 | | | | | 実切 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | スケーリング | + | SRP | PCur | 処 | 切開 | 挿脈術 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 抜歯 | 乳 | 前 | 白 | 難 | 埋 | + | 付着 | GEt | FOp | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| その他 | | | | | | | 特定 | 薬剤 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 麻酔 | 伝麻 | 浸麻 | IS | + | その他 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 補診 | + | 雑管 | | | 印象 | | | | | + | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 歯冠形成 | 前鑄ジ | 前鑄ジ | (根面) | メタル | 咬合 | | | | | + | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | (生活)乳 | (失活)乳 | (窩洞) | 支台築造 | 試適 | | | | | EE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 帯 | 帯 | | その他 | 充填 | 光・初 | グ・複 | その他 | 研磨 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | ア | | | ピン | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 歯冠修復及び欠損補綴 | 14K | | | | 前装冠 | パ | 二 | 銀 | リテーナー | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | バ大 | | | | 金 | 大 | 14K | | 装着材料 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | バ小 | | | | 属 | 圧・小 | バ | 銀 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 二大 | | | | 冠 | 鑄・小 | 二 | | 再装着 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 二小 | | | | | 圧鑄他 | 假 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 銀大 | | | | | 乳 | ジ | 硬ジ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 銀小 | 乳 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ボンド | バ大 | バ小 | バ前 | バ小 | 装着 | バ | 二 | 人 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 造 | 二 | 銀 | 14K | 他 | | バ | 下 | 工 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 前装 | バ | ニ | 銀 | | | 不特 | 強 | 菌 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 有床義歯 | 1~4歯 | 12~14歯 | 床裏装 | 1~4歯 | 12~14歯 | 床修理 | ろう | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 5~8歯 | 総義歯 | | 5~8歯 | 総義歯 | | 保 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 9~11歯 | ゆ | | 9~11歯 | ゆ | | 修理 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 鑄造 | 14k | 双大 | 双小 | 両大 | 両大小 | 両前 | 二 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 鉤 | バ | 双大 | 双小 | 両大 | 両大小 | 両前 | 二 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 義歯調整 | | | | | | | I | II | 新製・床裏装・I 算定 (年 月) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| その他 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| その他 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 領収済額 | | | | | | | 円 | | 公費分 | 請求 | 点 | 合計 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | 点 | 決定 | ※ | 決定 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | 薬剤負担(公) | 円 | | 決定 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | 患者負担(公) | 円 | | 薬剤 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | 負担 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | 一部 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | 負担 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 上記のとおり領収しました。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 様 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 平成 年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 医療機関名 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 及びその所在地 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 印 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |