　　　　はり・きゆう施術明細書　　　　　　　　　　　　　　　　　　　　年　　　月分

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 被保険者  記号・番号 | | | させぼ | |  | | |  |  | |  |  | | |  | |  | |  | | 患者確認欄  (当該月の施術最終日) | | | |
| 住　　　　所 | | | 佐世保市 | | | | | | | | | | | | | | | | | |  | | | |
| 患者  (被保険者) | | | 氏　名 | |  | | | | | | | | | | | | | | | |
| 生年月日 | | 年　　　月　　　日 | | | | | | | | | | | | | | | |
| 主訴症状等 | | | | | | 施術期間 | | | | | | | | | | | | | | 種別 | | | 回数 | |
| 肩背痛　　　　腰痛  上肢痛　　　　下肢痛  　　その他（　　　　　　） | | | | | | 年　　　月 | | | | | | | | | | 日から  日まで | | | | 1術 | | | 回 | |
| 2術 | | | 回 | |
| 合計 | | | 回 | |
| 日 | はり | | | きゆう | | 日 | | | | はり | | | | きゆう | | | | 日 | | | | はり | | きゆう |
|  |  | | |  | |  | | | |  | | | |  | | | |  | | | |  | |  |
|  |  | | |  | |  | | | |  | | | |  | | | |  | | | |  | |  |
|  |  | | |  | |  | | | |  | | | |  | | | |  | | | |  | |  |
|  |  | | |  | |  | | | |  | | | |  | | | |  | | | |  | |  |
|  |  | | |  | |  | | | |  | | | |  | | | |  | | | |  | |  |
|  |  | | |  | |  | | | |  | | | |  | | | |  | | | |  | |  |
|  |  | | |  | |  | | | |  | | | |  | | | |  | | | |  | |  |
|  |  | | |  | |  | | | |  | | | |  | | | |  | | | |  | |  |
|  |  | | |  | |  | | | |  | | | |  | | | |  | | | |  | |  |
|  |  | | |  | |  | | | |  | | | |  | | | |  | | | |  | |  |
| 摘要 | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| 指定番号 | | 医指定第　　　号 | | | | | 施術担当者氏名 | | | | | |  | | | | | | | | | | | |