

English Only ;Please type or write in block letters.

(英語を使用してください。タイプするかブロック体で記入してください。)

ATTENDING PHYSICIAN'S STATEMENT

入院証明書(診断書)

1. Patient's name (名前)		Sex M/F (性別 男/女)	Date of birth (生年月日) _____ / _____ / 19 _____ _____ / _____ / 20 _____
2. Name of sickness or injury for hospitalization (入院の原因となった傷病名)  (Physician's opinion/Patient's report) (医師推定/患者申告)		Inception date of sickness or injury (傷病発生日) _____ / _____ / _____	
3. Treatment term (治療期間)	Initial consultation (初診) _____ / _____ / _____		Final consultation (終診) _____ / _____ / _____
	1st hospitalization (第1回入院) _____ / _____ / _____ to _____ / _____ / _____		Under treatment (加療中)
	2nd hospitalization (第2回入院) _____ / _____ / _____ to _____ / _____ / _____		
	Period of outpatient treatment (通院期間) _____ / _____ / _____ to _____ / _____ / _____		(No. of days of outpatient treatment (実日数) _____ )
4. Condition of sickness from its start to the first diagnosis (発病〔受傷〕から初診までの経過) (Please indicate when and how symptom first appeared) (いつごろからどのような症状があったかご記入ください。)  Diagnosis and progress (初診時の所見および経過)			
5. Surgical operation effected (今回の傷病に関して実施した手術)			
Name of operation (手術名)		Date of operation (手術日) _____ / _____ / _____	
Type of operation (手術の種類) (1). Craniotomy (開頭術) (2). Thoracotomy (開胸術) (3). Thoracoscopic (胸腔鏡下) (4). Laparotomy (開腹術) (5). Laparoscopic (腹腔鏡下) (6). Operation using a fiberscope or a basket-tip vascular catheter on the brain, larynx, thoracic organs, and abdominal organs (excluding diagnostic procedures and temporary treatment) (ファイバースコープ又はカテーテルによる手術) (7). Others (その他)			
IMPORTANT (重要) Do any of the types of operation listed on the reverse side (No.1~No.89) apply? (裏面の手術一覧表に該当する手術がありますか?) If yes, please indicate the operation number applicable. (「はい」の場合、該当する手術番号をご記入ください。)			
6. Radiotherapy (放射線照射)	Place (部位)	Period (期間) _____ / _____ / _____ to _____ / _____ / _____	
	Quantity in total (総線量) Gy (グレイ)		
7. Result of histopathological diagnosis (病理組織学的検査)	Please describe the name of histopathological diagnosis (病理組織診断病名)		
	Date of diagnosis (診断確定日) _____ / _____ / _____		
8. In case of malignant neoplasm (悪性新生物または上皮内新生物の場合)	If malignant neoplasm was diagnosed, select the type of tumor. (悪性新生物の場合、性状を選択してください。) ⇒Skin cancer / Carcinoma in situ or non-invasive carcinoma / Invasive carcinoma / other ( _____ ) (皮膚癌/上皮内癌または非浸潤癌/浸潤癌/その他)		
9. In case of acute myocardial infarction (急性心筋梗塞の場合)	Did the patient need work limitations for 60 consecutive days or more after the initial consultation? ["limiting the work" here refers to a state whereby the patient can do sedentary or light work but restrictions are necessary regarding more demanding activities] (初診日からその日を含めて60日以上、労働制限を必要とする状態が継続しましたか? [ここでいう労働制限とは、軽い家事等の軽労働や事務等の座業はできるが、それ以上の活動では制限を必要とする場合をいいます。]) Yes・No		
10. In case of stroke (脳卒中の場合)	Did the patient experienced objective neurological sequelae for 60 consecutive days or more after the initial consultation? (初診日からその日を含めて60日以上、他覚的な神経学的後遺症が継続しましたか?) Yes・No If yes, please detail the sequelae. (「はい」の場合、詳細をご記入ください。)		

These statements are true and complete to the best of my knowledge and belief. (上記のとおり証明します。)

Name of hospital (病院名) \_\_\_\_\_ Date (証明日) ; \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Address of hospital (所在地) \_\_\_\_\_ Country (国名) \_\_\_\_\_

Signature of doctor (医師名) \_\_\_\_\_

## TABLE OF SURGICAL OPERATION BENEFITS

The table of surgical operations forms the basis of the benefit payment. (Operation for congenital malformation delivery and obstetrical operation and extraction of teeth are excluded in this table.) Please write the name and the number of the operation at the appropriate blank of the reverse side. If the operation does not fall under any item of the following list, please report the specific name or nature of the operation.

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### Definition:

“Operation” refers to incision, removal, or other instrumental manipulation applied to the living body with a direct purpose of medical treatment. It does not include suction, puncture, etc. and does not include nerve blocking. “Craniotomy” refers to cutting or removal of a part of the skull to expose the brain.

“Thoracotomy” refers to incision of the chest wall that opens the thoracic cavity to enable intrathoracic manipulation on empyemic lesion, the pleura, lungs, heart, diaphragm, mediastinal cavity, esophagus, etc.

“Laparotomy” refers to incision of the abdominal wall that opens the abdominal cavity to enable intraperitoneal manipulation on the stomach, duodenum, small intestine, colon, appendix, liver and biliary tract, pancreas, spleen, ovaries, uterus, etc.

### Number                      Type of Operation

#### Operations on Skin and Breast:

1. Skin grafting (excluding grafts smaller than 25cm<sup>2</sup>).
2. Mastectomy.

#### Operations on Muscles and Bones (excluding nailing extraction)

3. Bone grafting.
4. Operation for osteomyelitis and bone tuberculosis (excluding simple incision of abscesses).
5. Open operations on the skull (excluding operations on the nasal bone and septum).
6. Open operations on the nasal bone (excluding operations for deviations of the nasal septum).
7. Open operations on maxillas, mandibles, and jaw joints (excluding those supplementing the treatment of teeth and gingiva).
8. Open operations on the spine and pelvis.
9. Open operations on clavicles, scapulas, ribs and sternum.
10. Amputation of limbs (excluding fingers and toes).
11. Reattachment of severed limbs (involving discontinuation of a bone or a joint).
12. Open operations on the bones and joints of the limbs (excluding fingers and toes).
13. Open operations on muscles, tendons, and ligaments (excluding fingers and toes, also excluding the operations for myositis, ganglions, and myxomas).

#### Operations on Chest and Respiratory System:

14. Radical operations for chronic sinusitis.
15. Total laryngectomy.
16. Operations on the trachea, bronchi, lungs, and pleura (involving thoracotomy).
17. Thoracoplasty.
18. Removal of mediastinal tumors.

#### Operations on Circulatory System and Spleen:

19. Open angioplasty (excluding the formation of dialysis shunt).
20. Radical operations for varices.
21. Operations on the aorta, venae cavae, pulmonary arteries, and coronary arteries (involving thoracotomy or laparotomy).
22. Pericardiomy and pericardiorrhaphy.
23. Open intracardiac operations.
24. Implantation of internal pacemakers.
25. Splenectomy.

#### Operations on Digestive System:

26. Removal of parotid tumors.
27. Removal of submandibular tumors.
28. Esophageal transection.
29. Gastrectomy.
30. Other operations on the stomach and esophagus (involving thoracotomy or laparotomy).

31. Operations for peritonitis.
32. Open operations on the liver, gallbladder, biliary duct, and pancreas.
33. Radical operations for hernia.
34. Appendectomy and cecoplication.
35. Radical operations for rectal prolapse.
36. Other operations on the intestines and mesentery (involving laparotomy).
37. Radical operations for anal fistula, anal prolapse, and hemorrhoids (only those intended for final curing and excluding temporary treatment and simple hemorrhoid surgery).

#### Operations on Urinary and Genital Systems:

38. Renal transplantation (only recipients of the organ).
39. Open operations on the kidneys, renal pelvis, ureters, and bladder (excluding transurethral operations).
40. Open operations for urethral stricture (excluding transurethral operations).
41. Open operations for urinary fistula (excluding transurethral operations).
42. Amputation of the penis.
43. Operations on the testicles, epididymides, spermatic ducts, spermatic cords, seminal vesicles, and prostates.
44. Radical operations for hydrocele testis.
45. Extended hysterectomy (excluding simple hysterectomy).
46. Tracheoloplasty and tracheorrhaphy.
47. Cesarean section.
48. Operations for ectopic pregnancy.
49. Operations for prolapse of the uterus or vagina.
50. Other operations on the uterus (excluding cervical polypectomy and artificial abortion).
51. Open operations on the oviducts and the ovaries (excluding transvaginal operations).
52. Other operations on the oviducts and the ovaries.

#### Operations on Endocrine System:

53. Removal of pituitary tumors.
54. Operations on the thyroids.
55. Total adrenalectomy.

#### Operations on Nervous System:

56. Open intracranial operations.
57. Open neurological operations (including plasty, graft excision, decompression, release and avulsion).
58. Surgical removal of spinal tumors.
59. Open operations in and around spinal dura mater.

#### Operations on Sensory System - Visual organs:

60. Operations for blepharoptosis.
61. Plastic operations on the lacrimal duct.
62. Dacryocystorhinostomy.
63. Plastic operations on the conjunctival sac.
64. Corneal transplantation.
65. Surgical removal of foreign bodies from the anterior chamber, iris, vitreous body, and the orbit performed.
66. Adhesiotomy on the both sides of the iris.
67. Surgical operations for glaucoma.
68. Surgical operations for cataract and those on the lens.
69. Surgical operations on the vitreous body.
70. Operations for retinal detachment.
71. Operations on the eyeballs utilizing laser or cryopexy.
72. Removal of the eyeball and tissue filling.
73. Removal of orbital tumors.
74. Transplantation of ocular muscles.

#### Operations on Sensory System - Auditory Organs:

75. Open myringoplasty and tympanoplasty.
76. Mastoidectomy.
77. Radical operations on the middle ear.
78. Open operations on the inner ear.
79. Removal of auditory nerve tumors.

#### Operations for Malignant Neoplasms:

80. Radical operations for malignant neoplasms.
81. Hyper-thermotherapy for malignant neoplasms.
82. Other operations for malignant neoplasms.

#### Other operations:

83. Craniotomy other than listed above.
84. Thoracotomy other than listed above.
85. Laparotomy other than listed above.
86. Shock-wave lithotripsy.
87. Operations using a fiberoptic or a basket-tip vascular catheter on the brain, larynx, thoracic organs, and abdominal organs (excluding diagnostic procedures and temporary treatment).

#### Curative Radiotherapy for Neoplasms:

88. Curative radiotherapy for neoplasms.

#### Stem Cell Donor (Harvest of bone marrow stem cells)

89. Surgical procedure to isolate the bone marrow cells for allogeneic stem cell transplantation into patients with destroyed tissue or impaired normal blood cell production. Exclude autologous transplantation (the procedure to return the patient's own stored stem cells to his/her body).