Registration Form

Please fill out the registration form and submit it with your insurance card and the letter of introduction at the first visit reception.

Patient ID number	—	×

Registration date:

Year/ Month/ Day/

Name	Last. First.		Sex	☐ M ☐ F
Date of Birth	Year/ Month/ Day/ (Age)			
Address (Japan only)	〒 — Tel Home – – Mobile – –			
Work Place of the patient of the head of household	Name of worker		Relationship	
	Name of work place			
	Address of work place	〒 — Tel – –		
Emergency Contact	Name			
	Address	〒 — Tel Home – – Mobile – –		
Please fill the right who in request	☐ Traffic accident ☐ Accident at work ☐ Medical examination ☐ Immunization			
Please fill the department you would like to visit today	☐Internal Medicine ☐Psychosomatic Medicine ☐Pediatrics ☐Neurology ☐Neurosurgery ☐Surgery ☐Cardiovascular Surgery ☐Pediatric Surgery ☐Orthopaedic Surgery ☐Plastic and Reconstructive Surgery ☐Obstetrics and Gynecology ☐Ophthalmology ☐Otorhinolaryngology ☐Dermatology ☐Urology ☐Psychiatry ☐Radiology ☐Pain Clinic ☐Rehabilitation Medicine ☐Dentistry and Oral - Maxillofacial Surgery			

Letter of introduction	☐ Yes ☐ No	Reservation	☐ Yes ☐ No	This hospital is:	☐ First time ☐ Visited before

～ About the medical choice expenses at the first visit ～

Please note that we have gotten the medical choice expenses ￥8,800(including tax) without the letter of introduction at this hospital.

※This registration form, we submitted here for the purpose of creating medical record and practice management. Please note that we will give full consideration to use personal information.

Teikyo University Hospital