

## 様式 A-1 和訳

※様式A 診療内容明細書の該当番号の項目内容について和訳をご記入ください。

2. Name of Illness or Injury preferably with Number of International Classification of Diseases for the use of Social Insurance (Please refer to the table attached).

2. 傷病名及び健康保険用国際疾病分類番号

---

6. Nature and Condition of Illness or Injury (in brief)

6. 症状の概要

---

---

---

---

---

7. Prescription, operation and any other treatments (in brief)

7. 処方、手術その他の処置の概要

---

---

---

---

---

翻訳者

住所

---

---

氏名

印

---