

Form C continuation sheet

Dental Formula 歯式																									
R Permanent Teeth 永久歯 L										R Baby Teeth 乳歯 L															
#1	#2	#3	#4	#5	#6	#7	#8	#9	#10	#11	#12	#13	#14	#15	#16	#A	#B	#C	#D	#E	#F	#G	#H	#I	#J
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	E	D	C	B	A	A	B	C	D	E
#32	#31	#30	#29	#28	#27	#26	#25	#24	#23	#22	#21	#20	#19	#18	#17	#T	#S	#R	#Q	#P	#O	#N	#M	#L	#K

Dental treatment 歯科治療	Affected tooth area 患歯部位	Date			Fee
		Month	Day	Year	
Initial medical fee 初診料					
X-ray examination レントゲン検査					
Dental pulp extraction 抜髄					
Operation 手術					
Tooth extraction 抜歯					
Filling 充填					
Inlay インレー					
Metal crown 属冠					
Post crown 継続歯					
Jacket crown ジャケット冠					
Dental bridge ブリッジ					
Plate denture 有床義歯					
Partial denture 局部義歯					
Complete denture 総義歯					
Treatment of alveolar pyorrhea 歯槽膿漏処置					
Medication 投薬					
Other (specify) その他					
Monetary Unit 通貨単位:		Total 合計			

Translator	Name	Stamp (or signature)
	Address	〒
	Phone number	