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| 葛飾区保健所長 あて | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 開設者 | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 歯 科 診 療 所 開 設 届 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 歯科診療所を開設したので、医療法第８条の規定により、下記のとおり届け出ます。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 記 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| １ | | | 名称 | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ２ | | | 開設の場所 | | | | | | | | | | | | 葛飾区  電話　　（　　　　）　　　　　　　ＦＡＸ　　（　　　　） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ３ | | | 診療科目 | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ４　開 設 者 | | | 現に病院又は診療所等を開設、管理又は勤務している場合 | | | | | | | | | | | | 名称 | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 所在地 | | | | | 電話　　（　　　　）　　　　　ＦＡＸ　　（　　　　） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 本施設と同時に病院又は診療所等を開設しようとする場合 | | | | | | | | | | | | 名称 | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 所在地 | | | | | 電話　　（　　　　）　　　　　ＦＡＸ　　（　　　　） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ５ | | | 開設年月日 | | | | | | | | | | | | 年　　　　　月　　　　　日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ６　管 理 者 | | | 現住所 | | | | | | | | | | | | 電話　　（　　　　）　　　　　ＦＡＸ　　（　　　　） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 氏名 | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 臨床研修等修了  登録年月日 | | | | | | | | | | | | 年　　　月　　　日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 確認欄 | | |  | | | |
| 免許登録番号及び  登録年月日 | | | | | | | | | | | | 第号 | | | | | | | | | | | | | | | 年　　月　　日 | | | | | | | | | | | | | | | | 確認欄 | | |  | | | |
| ７ | | | 診療日時 | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| ８ | | | 診療に従事する歯科医師（医師）の氏名、担当診療科名及び医籍の登録事項 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 氏名 | | | | | | | | | 担当診療科名 | | | | | | | | | | 診療日時 | | | | | | | | | | | | 医 籍 の 登 録 事 項 | | | | | | | | | | | | | | | | | | | 確認欄 | | | |
| 臨床研修等  修了登録年月日 | | | | | | | | | | 免許登録番号及び  登録年月日 | | | | | | | | |
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| ９ | | | 医療従事者（薬剤師、看護師、准看護師、診療放射線（エックス線）技師等） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 職種 | | | | | | | | | | | | 氏名 | | | | | | | | | | | | | | 免許登録年月日 | | | | | | | | | | | | 登録番号 | | | | | | | | | | | | | 確認欄 | | |
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| 10 | | | 従業者定員 | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 歯科医師 | | | | 歯科衛生士 | 歯科技工士 | | | | | | |  | | |  | | | 医師 | | | 薬剤師 | | | | 看護師 | | | 准看護師 | | | | 助産師 | | 診療放射線  技師 | | | | | エックス線  技師 | | | |  | | 看護補助者 | | | 事務員 | | | | 計 | |
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| 11 | | | 交通機関 | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 交通機関 | | | | | | 線 駅下車 　 口徒歩 分 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 駅 口からバス（ 行） 　 下車徒歩 分 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12 | | | 敷地の面積 | | | | | | | | | ㎡ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 敷地の条件 | | | | | | 用途地域 | | | | | | | | | |  | | | | | | | | | | | | | 防火地域 | | | | | |  | | | | | | | | | | | | | | | | | | |
| （第２片）　　　　　　　　　　　　　　　　（表） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13 | | | 建物の構造概要 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | 建面積： | | | | | | | | ㎡ | | | | | | | | | | | | | 延面積： | | | | | | | ㎡ | | | | | | | | | | | | | |  | | | | | | | | | |
|  | | 構　造： | | | | | | | | 造 階建て 全部・一部（ 階～ 階 号室 ㎡） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 14 | 歯科治療室 | | | | | | | | | | | | 有　　・　　無 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 室面積 | | | | | | | 治療いす | | | | | | | | | | 防火設備 | | | | | | | | | | | | | | | | | | | その他必要な設備 | | | | | | | | | | | | | | | | | |
| ㎡ | | | | | | | 台 | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
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| 15 | | | 歯科技工室 | | | | | | | | | | 有　　・　　無 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 室面積 | | | | | | | | 防じん設備 | | | | | | | | | | | | | | | | 防火設備 | | | | | | | | | | | | | | | | その他必要な設備 | | | | | | | | | | | | | |
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| 16 | | | エックス線装置及びエックス線診療室 | | | | | | | | | | | | | | | | | | | 有　　・　　無 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 開設時設置  予定のエッ  クス線装置 | | | | | | | | 固定、携帯の別 | | | | | | | | | | | | 用途 | | | | | | | | | | | | | 製作者名及び型式 | | | | | | | | | | | | | | | | | | | | |
| 固定 ・ 携帯 | | | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
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| エックス線  診療室 | | | | | | | | 室面積 | | | | | | | | | 室内の構造概要 | | | | | | | | | | | | | | | | 操作室の面積 | | | | | | | | | 暗室 | | | | | | | | | | | |
| 面積 | | | | | 設備 | | | | | | |
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| 17 | | | その他の施設 | | | | | | | | | | | 有　　・　　無 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 事務室 | | | | | | | | | | | 階 | | | | | | | | | ㎡ | | | | | | | |  | | | | | | | | | 階 | | | | | | | | | | ㎡ | | | | | | |
| 待合室 | | | | | | | | | | | 階 | | | | | | | | | ㎡ | | | | | | | |  | | | | | | | | | 階 | | | | | | | | | | ㎡ | | | | | | |
| 消毒施設 | | | | | | | | | | | 階 | | | | | | | | | ㎡ | | | | | | | |  | | | | | | | | | 階 | | | | | | | | | | ㎡ | | | | | | |
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| 18 | | | 建築確認 | | | | | | | | | | | 年 月 日 第 号 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 19 | | | 添付書類 | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **詳細は「診療所・歯科診療所（個人開設）新規開設申請の注意事項」を確認してください。**  (1) 開設者の臨床研修等修了登録証(注4)及び歯科医師免許証並びに職歴書（写真貼付）  (2) 管理者の臨床研修等修了登録証(注4)及び歯科医師免許証並びに職歴書（写真貼付）(注1･2)  （管理者が開設者でない場合に限る。）  (3) 診療に従事する医師又は歯科医師の臨床研修等修了登録証(注3･4)及び免許証  (4) 業務に従事する医療従事者の免許証  (5) 土地及び建物の登記事項証明書（土地又は建物を賃借する場合は、賃貸借契約書の写し(注1)も添付すること。）  (6) 敷地の平面図  (7) 敷地周囲の見取図  (8) 建物の平面図（縮尺１００分の１以上のもの）  (9) エックス線診療室放射線防護図（平面図及び立面図。縮尺５０分の１のものとし、壁及び鉛の厚さを記入すること。）  (10)案内図  (注1)　管理者の臨床研修等修了登録証、管理者の歯科医師免許証及び賃貸借契約書は、原本との照合のため本証及びコピーを持参すること。  (注2)　管理者が当該歯科診療所の休診日に他の医療機関で診療に従事している場合は、当該歯科診療所の管理者就任に関し、その医療機関からの承諾書を添付すること。  (注3)　平成16年4月1日現に医師免許を受けている者及びそれ以前に医師免許の申請を行った者であって平成16年4月1日以後に医師免許を受けた者は、医師法第二条の規定による改正後の医療法及び第四条の規定による改正後の医師法の適用については、同法第十六条の四第一項の規定による登録を受けた者とみなす。  (注4)　平成18年4月1日現に歯科医師免許を受けている者及びそれ以前に歯科医師免許の申請を行った者であって平成18年4月1日以後に歯科医師免許を受けた者は、歯科医師法第三条の規定による改正後の医療法及び第五条の規定による改正後の歯科医師法の適用については、同法第十六条の四第一項の規定による登録を受けた者とみなす。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |