（第１片） （表）

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| 葛飾区保健所長 あて | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 開設者 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 診　　療　　所　　開　　設　　届 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | | | | | | 診療科名 | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ４　開 設 者 | | | | | | 現に病院又は診療所を開設、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を開設しようとする場合 | | | | | | | | | | | | | | | | | | | | | | | 名称 | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 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 | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ８ | | | | | | 診療に従事する医師（歯科医師）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 | | | | | | | | | | | | | | | | | | | 免許証番号及び  登録年月日 | | | | | | | | | | | | | | | | | | |
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| （第１片） 　　　　　　　　　　　　　　　（裏） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ９ | | | | | | 業務に従事する助産師の氏名及び勤務日時 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 氏名 | | | | | | | | | | | | | | | | | | | 勤務日時 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 免許証登録番号 | | | | | | | | | | | | | | | | | | | | | | | | 登録年月日 | | | | | | | | | | | | | | | | | | | | | | | | 確認欄 | | | |
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| 10 | | | | | | 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 免許証登録番号 | | | | | | | | | | | | | | | | | | | | | | | | 登録年月日 | | | | | | | | | | | | | | | | | | | | | | | | 確認欄 | | | |
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| 11 | | | | | | 従業者定員 | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | | | | | | | | |  | | | | | |  | | | | | | | |  | | | | | | | 歯科医師 | | | | | | 歯科衛生士 | | | | | | | 歯科技工士 | | | 計 | | |
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| 名 | | | | | | | | | 名 | | 名 | | | | | | | | 名 | | | | | | | | | | | 名 | | | | | | 名 | | | | | | | | | 名 | | | | | | | | 名 | | | | | 名 | | | | | | | | | 名 | | | | | | 名 | | | | | | | | 名 | | | | | | | 名 | | | | | | 名 | | | | | | | 名 | | | 名 | | |
| 12 | | | | | | 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13 | | | | | | 敷地の面積 | | | | | | | | | | | | | ㎡ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 敷地の条件 | | | | | | | | | | | | 用途地域 | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 防火地域 | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 14 | | | | | | 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 ㎡） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 15 | | | | 廊下の幅 | | | | | | | | | | | | | | | | 有　　・　　無 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 建物別名称 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 片側廊下 | | | | | | | | | | | | | | | 中廊下 | | | | | | | | | | | | | 建物別名称 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 片側廊下 | | | | | | | | | | | | | 中廊下 | | | | | |
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| 16 | | | | ２階以上に病室を有する建物の階段数及びその構造 有　　・　　無 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 患者の使用する屋内直通階段 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 病室の  あ　る  最上階 | | | | | | | | | 避難階段の数 | | | | | | | | | | 備考 | | | | | | | | | | | | | | | | |
| 用途 | | | | | | | | | | | 幅 | | | | | | | | | | | | | | | 踊り場の幅 | | | | | | | | | | | け上げ | | | | | | | | | | 踏面 | | | | | | | | | | | | | | 手すり  の有無 | | | | | | | | | |
|  | | | | | | | | | | | ｍ | | | | | | | | | | | | | | | ｍ | | | | | | | | | | | ㎝ | | | | | | | | | | ㎝ | | | | | | | | | | | | | |  | | | | | | | | | | 階 | | | | | | | | | 階  から地上  まで  箇所 | | | | | | | | | |  | | | | | | | | | | | | | | | | |
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| 17 | | | 病室の構造概要 | | | | | | | | | | | | | | | | | | | | | | | | | | 有（　　室　　床）　・　　無 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 棟　別 | | | | | | | | | | 階　別 | | | | | | | | 病　室  番　号 | | | | | | | | | | | | | | | 病　床  種　別 | | | | | | | | | | 一室の  病床数 | | | | | | | | | | | 一室の  床面積 | | | | | | | | | | | | 一人当た  り床面積 | | | | | | | | | 一 室 の  採光面積 | | | | | | | | | 一 室 の  直接外気  開放面積 | | | | | | | | | | | 天井の  高　さ | | | | | | | 換気の  方　法 | | | | |
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| 18 | | | 診察室 | | | | | | | | | | | | | | | | | | | 有　　・　　無 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 19 | | 処置室（診察室兼用の場合を除く。） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 有　　・　　無 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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| 20 | 歯科治療室 | | | | | | | | | | | | | | | | | | | | 有　　・　　無 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
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| 21 | | | | | | | 歯科技工室 | | | | | | | | | | | | | | 有　　・　　無 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 22 | 検査室 | | | | | | | | | | | | | | | | | | | | | | 有　　・　　無 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 23 | 調剤所 | | | | | | | | | | | | | | | | | | | | | | | 有　　・　　無 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 室面積 | | | | | | | | | | | | | | かぎのかかる貯蔵設備 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 冷暗所の有無 | | | | | | | | | | | | | | | | | | 備付けてんびん | | | | | | | | | | | | | | | | | | | | 備考 | | | | | | | | | | | | | | | | | |
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| 24 | | | | | | | 手術室及び準備室 | | | | | | | | | | | | | | | | | | | | 有　　・　　無 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 手術台 | | | | | | | | | | | 床 | | | | | | | | | | | 壁 | | | | | | | | | | | 天井 | | | | | | | | | 照明 | | | | | | | | | | 暖房 | | | | | | | | | | | 滅菌手洗い設備 | | | | | | | | |
| 手術室 | | | | | | | | | | | | | | | ㎡ | | | | | | | | | | | | | | | | | | | | 台 | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | |
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| 25 | | | | | | | 分べん室及び新生児入浴施設 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 有　　・　　無 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 分べん室 | | | | | | | | | | | | | | | 室面積 | | | | | | | | | | | | | | | | | | | | 構造設備 | | | | | | | | | | | | | | | | | | | | | | | | 新 生 児  入浴施設 | | | | | | | | | | | | | | | | | 室面積 | | | | | | | | | | | | | | | 構造概要 | | | | | | | | | | | | | | | |
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| 26 | | | | | | | 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 | | | | | | | | | | | | | | | | | | | | | |
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| 27 | | | | | | | その他の施設 | | | | | | | | | | | | | | | | | 有　　・　　無 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 看護師勤務室 | | | | | | | | | | | | | | | | | 階 | | | | | | | | | | | | | | | | | | | | | | | | ㎡ | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | 階 | | | | | | | | | | | | | | | | | | | | | ㎡ | | | | | | | |
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| 28 | | | | | | | | 建築確認 | | | | | | | | | | | | | | | | | 年 月 日 第 号 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 29 | | | | | | | | 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)及び免許証並びに職歴書（写真貼付）  (2) 管理者の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) 業務に従事する助産師、その他の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、管理者の医師又は歯科医師の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。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |