

歯科診療内容証明書についての注意事項

1. 診療報酬欄に “*”、が記入されている治療は、健康保険給付対象の治療ではありません。
2. 上記以外については、次の場合に自費治療となります。
 - (1) 16歳以上の者がフッ素塗布(Fluoride)の治療を受けた場合。
 - (2) クラウン治療(Crowns)を受け、レジン前装冠(セミプレシヤス・メタル、卑金属)(Plastic processed to semi-precious metal or non-precious metal)を歯式6～11、22～27以外に装着したとき。
 - (3) クラウン治療(Crowns)、ブリッジ治療(Bridges)で自費治療となる治療を受けた歯になされた、支台築造治療(Post / Core)
 - (4) 口腔清掃治療(Prophylaxis)を単独で受けた場合。
3. その他の治療については、その都度歯科医の判断を仰ぐこととします。

Permanent Tooth
Upper
R #1 #2 #3 #4 #5 #6 #7 #8 #9 #10 #11 #12 #13 #14 #15 #16 L
#32 #31 #30 #29 #28 #27 #26 #25 #24 #23 #22 #21 #20 #19 #18 #17
Lower

Primary Tooth
Upper
R #A #B #C #D #E #F #G #H #I #J L
#T #S #R #Q #P #O #N #M #L #K
Lower

DESCRIPTION OF SERVICE			TOOTH#	FEE	DESCRIPTION OF SERVICE			TOOTH#	FEE
1 EXAMINATION					11 LAMINATE VENEER				
<input type="checkbox"/>	Examination				<input type="checkbox"/>	Porcelain / Resin			*
2 X-RAYS / DIAGNOSIS					12 CROWNS				
<input type="checkbox"/>	Periapical				<input type="checkbox"/>	Plastic			
<input type="checkbox"/>	Bite-Wings				<input type="checkbox"/>	Plastic processed to gold			*
<input type="checkbox"/>	Panoramic				<input type="checkbox"/>	Plastic processed to semi-precious metal			
<input type="checkbox"/>	Other methods ()				<input type="checkbox"/>	Plastic processed to non-precious metal			
<input type="checkbox"/>	Diagnostic Cast				<input type="checkbox"/>	Porcelain jacket			*
3 PREVENTIVE					<input type="checkbox"/>	Porcelain fused to metal			*
<input type="checkbox"/>	Prophylaxis				<input type="checkbox"/>	Gold (full cast or partial veneer)			*
<input type="checkbox"/>	Fluoride				<input type="checkbox"/>	Semi-precious metal			
<input type="checkbox"/>	Other procedures ()			*	<input type="checkbox"/>	Non-precious metal			
4 ORAL SURGERY					<input type="checkbox"/>	Stainless steel			
<input type="checkbox"/>	Extraction				<input type="checkbox"/>	Recement of Crown			
<input type="checkbox"/>	Other procedures ()				13 BRIDGES				
5 PERIODONTICS					<Pontics>				
<input type="checkbox"/>	Scaling / Root Planing				<input type="checkbox"/>	Gold, cast			*
<input type="checkbox"/>	Occlusal adjustment				<input type="checkbox"/>	Semi-precious, cast			
<input type="checkbox"/>	Surgical procedures ()				<input type="checkbox"/>	Non-precious, cast			
6 ENDODONTICS					<input type="checkbox"/>	Plastic processed to gold			*
<input type="checkbox"/>	Pulp Capping				<input type="checkbox"/>	Plastic processed to semi-precious metal			
<input type="checkbox"/>	Pulpotomy				<input type="checkbox"/>	Plastic processed to non-precious metal			
<input type="checkbox"/>	Root Canal Therapy				<input type="checkbox"/>	Porcelain fused to metal			*
<input type="checkbox"/>	Root Canal Retreatment				<Abutments: Inlay / Onlay>				
<input type="checkbox"/>	Apexification				<input type="checkbox"/>	Gold			*
<input type="checkbox"/>	Surgical Procedures ()				<input type="checkbox"/>	Semi-precious			
<input type="checkbox"/>	Other Procedures ()				<Abutments: Crowns>				
7 POST / CORE					<input type="checkbox"/>	Plastic processed to gold			*
<input type="checkbox"/>	Crown Build Up				<input type="checkbox"/>	Plastic processed to semi-precious metal			
<input type="checkbox"/>	Prefabricated Post / Core				<input type="checkbox"/>	Plastic processed to non-precious metal			
<input type="checkbox"/>	Cast Post / Core (Gold)			*	<input type="checkbox"/>	Porcelain fused to metal			*
<input type="checkbox"/>	Cast Post / Core (Other material)				<input type="checkbox"/>	Gold (full cast or partial veneer)			*
8 AMALGAM FILLING					<input type="checkbox"/>	Semi-precious metal			
<input type="checkbox"/>	Primary tooth				<input type="checkbox"/>	Non-precious metal			
<input type="checkbox"/>	Permanent tooth				<input type="checkbox"/>	Recement of Bridge			
9 COMPOSITE RESIN FILLING					14 PROSTHODONTICS-REM				
<input type="checkbox"/>	Primary tooth				<input type="checkbox"/>	Complete Denture U / L			
<input type="checkbox"/>	Permanent tooth				<input type="checkbox"/>	Immediate Denture U / L			
10 INLAY / ONLAY					<input type="checkbox"/>	Acrylic Partial Denture U / L			
<input type="checkbox"/>	Gold Alloy			*	<input type="checkbox"/>	Cast Partial Denture U / L			*
<input type="checkbox"/>	Silver Alloy				<input type="checkbox"/>	Denture Adjust			
<input type="checkbox"/>	Ceramic			*	<input type="checkbox"/>	Reline Denture U / L			
<input type="checkbox"/>	Resin			*	<input type="checkbox"/>	Denture Repair			
<input type="checkbox"/>	Recement of Inlay / Onlay				<input type="checkbox"/>	Tissue Condition			
					15 OTHER PROCEDURES				
					TOTAL FEE				