Health check-up for pregnant woman

Itemized receipt

Name of pregnant woman(妊婦氏名) _____

Date of Birth(Year/Month/Day) (生年月日)_____ Age(年齢)_____

Dete of Examination(診察日) _____

Fee for the routine health check-up for pregnant woman_____
(妊婦健診費用) （Example; 50.00USD）

Inportant:Please carefully read the followings and check where applicable

☐ In addition to above ,the fee does not include charges not directly related to pregnancy related issues.（費用は、妊婦健診に直接関係のないものを含んでいません）

☐ The fee is not covered by health insurance or any other services in this country.
(費用は、この国の健康保険やそのほかのサービスを受けていません)

Name and Address of attending Physician(OB/GYN)of Hospital or clinic

Name:_____

Address:_____

Date:_____

Signature:_____