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| |  |  | | --- | --- | | 入院 | 外来 |   **移送を必要とする意見書**   |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | 患 者 氏 名 | |  | | | 生 年月 日 | | 年　　　月　　　日 | | | | | 性別 | 男・女 | | 傷 病 名 |  | | | | | 発病または負傷  年　月　日 | | | 年　　　 月　 　　日 | | | | | | 移送先  医療機関 | | | 住 所  名 称 | | | | | 移送  年月日 | | 年　　　 月　　　 日 | | | | | 移 送  方 法 | |  | | | | | 移送前  の住所 | |  | | | | | 付添人１人の  氏名 | | | |  | | | | 付添人1人の費用 | | |  | | | | 移送を必要とする理由または転院せざるを得ない理由 | | | | | | | | | | | | | | | 症 状 詳 記 | | | | | | | | | | | | | | | 上記の理由で移送の必要を認めます。  　　　　　　年　　　月　　　日  医療機関名  医　　　師　　　　　　　　　　　　　　　　　　　　　　㊞ | | | | | | | | | | | | | |   注 意 事 項  ※「移送を必要とする理由または転院せざるを得ない理由」および「症状詳記」については、なるべく詳しく記入してください。  ※付添人が必要な場合は付添人のうち1人の氏名と費用の記入をお願いします。 |