第８号の２様式（第６条関係）

無床

（第１面）

年　　　月　　　日

（宛先）大田区長

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| --- | --- | --- | --- |
| 開設者 | 住所 |  | |
| 氏名 |  | |
|  | 電話番号 | |  |
|  | ファクシミリ番号 | |  |

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

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| １ 名称 | |  | | | | | | | |
| ２ 所在地 | | 電話番号  ﾌｧｸｼﾐﾘ番号 | | | | | | | |
| ３ 診療科名 | |  | | | | | | | |
| ４ 開設者 | 現に病院又は診療所を開  設し、管理し、又は勤務  している場合 | | | 名 称  所在地 |  | | | | |
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| 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  所在地 |  | | | | |
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| ５　開　設　年　月　日 | | | 年　　　月　　　日 | | | | | | |
| ６ 管理者 | 現　　住　　所 | |  | | | | | | |
| 電話番号 | | | |  | | |
| ファクシミリ番号 | | | |  | | |
| 氏　　　　　名 | |  | | | | | | |
| 臨床研修修了  登録年月日 | | 年　　月　　日 | | | | | 確認欄 |  |
| 免許証番号及び  登録年月日 | | 第　　　　号 | | | 年　　月　　日 | | 確認欄 |  |
| ７　診　療　日　時 | | |  | | | | | | |

（第２面）

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| ８ 診療に従事する医師（歯科医師）の氏名、担当診療科名及び診療日時 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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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| 年　　月　　日 | | | | | |
| 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 | | | | | | | | | | | | | | 免許証番号及び  登録年月日 | | | | | | | | | 確認欄 | |
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| 年　　月　　日 | | | | | | | | |
| 10　医療従事者（薬剤師、看護師、准看護師、診療放射線技師等） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 職種 | | | 氏名 | | | | | | | | 免許登録年月日 | | | | | | | | | | | 登録番号 | | | | | | | 確認欄 | |
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| 11　従業者定員 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 医　師 | 薬剤師 | 看護師 | | 准看護師 | | 助産師 | | 技師  診療放射線 | | 看護補助 | | | 事務員 | | |  | | 歯科医師 | | | 歯科衛生士 | | | | 歯科技工士 | |  | | 計 | |
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| 12　敷地の面積 | | | | |  | | | | | | | | | | | | | | ㎡（平面図は、別添のとおり） | | | | | | | | | | | |
| 13　交通機関及び敷地周囲の見取図 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 交通機関 | | | | |  | | | | | | | 線 | |  | | | | 駅下車 | | | 口 | | | | | 徒歩 | |  | | 分 |
| 駅 　　　　口からバス（　　　　　行） 下車徒歩　　　　分 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 敷地の条件 | | | | | 用途地域 | |  | | | | | | | | | | 防火地域 | | | | | | |  | | | | | | |
| 見取図 | | | | | 別添のとおり | | | | | | | | | | | | | | | | | | | | | | | | | |

（第３面）

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| 14 建物の構造概要及び平面図 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 建物別名称 | | | | | | | | | 構造概要 | | | | | | | | | | | | | | | | | | | 建築面積 | | | | | | | 延面積 | | | |
|  | | | | | | | | |  | | | | | | | | | | | | 造 |  | | | 階建て | | |  | | | | | ㎡ | |  | ㎡ | | |
| 住宅と併設の場合又はビルディングの一部を使用する場合 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 住宅と併設の場合 | | | | | | | | | | | | | | | | 造　　　階建てのうち　　　階　　　　㎡使用 | | | | | | | | | | | | | | | | | | | | | | |
| ビルディングの一部を使用する場合 | | | | | | | | | | | | | | | | 造　　　階建てのうち  階　　　号室　　　　㎡使用 | | | | | | | | | | | | | | | | | | | | | | |
| 平面図 | | | | | | | | | | | | | | | | 別添のとおり | | | | | | | | | | | | | | | | | | | | | | |
| 15　診 察 室 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 診察室名 | 室面積 | | | | | | | | | 処置室兼用の場合  は、その部分の面積 | | | | | | | | | | 診察室名 | | | | | | | 室面積 | | | 処置室兼用の場合  は、その部分の面積 | | | | | | | |
|  |  | | | | | | | ㎡ | |  | | | | | | | | ㎡ | |  | | | | | | |  | | ㎡ |  | | | | | | | ㎡ |
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| 16 処　置　室（診察室兼用の場合を除く。） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 処置室名 | | | | | | | | | | | 室面積 | | | | | | | | | 処置室名 | | | | | | | | | | | | 室面積 | | | | | |
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| 17 歯科治療室 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 室面積 | | | | | | 治療いす | | | | | | | | | 給水火気設備 | | | | | | | | 防火設備 | | | | | | | | その他必要な設備 | | | | | | |
|  | | | ㎡ | | |  | | | | | | | 台 | |  | | | | | | | |  | | | | | | | |  | | | | | | |
| 18　歯科技工室 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 室面積 | | | | | | 防じん設備 | | | | | | | | | 給水火気設備 | | | | | | | | 防火設備 | | | | | | | | その他必要な設備 | | | | | | |
|  | | ㎡ | | | |  | | | | | | | | 台 |  | | | | | | | |  | | | | | | | |  | | | | | | |
| 19　検　査　室 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 名称 | | | | 室面積 | | | | | | | | | | | 防火設備 | | | | | | | | | 検査器具、器械等 | | | | | | | | | | | | | |
|  | | | |  | | | | | | | | ㎡ | | |  | | | | | | | | |  | | | | | | | | | | | | | |
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| 20 調 剤 所 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | | | |
|  | | | | | ㎡ | |  | | | | | | | | | |  | | | | | | | | |  | | | | | | | |  | | | |

（第４面）

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| 21 手術室及び準備室 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 区分 | | | | 面　積 | | | | 構造設備 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 手術台 | | | | | | | 床 | | | 壁 | | | 天井 | | | | 照明 | | | 暖房 | | | | 清潔な手洗い  設備 | | |
| 手 術 室 | | | |  | | ㎡ | |  | | | | | 台 | |  | | |  | | |  | | | |  | | |  | | | |  | | |
| 準 備 室 | | | |  | | ㎡ | |  | | | | | 台 | |  | | |  | | |  | | | |  | | |  | | | |  | | |
| その他の施設 | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 22 分べん室及び新生児入浴施設 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 分べん室 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 室面積 | | | | |  | | | | | ㎡ | | | | 構造設備 | | | | | | | |  | | | | | | | | | | | | |
| 新生児入浴室 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 室面積 | | | | |  | | | | | | ㎡ | | | 構造設備 | | | | | | | |  | | | | | | | | | | | | |
| 23 エックス線装置及び診療室 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | | | | | | | |
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| エックス診療室 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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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| 24 そ の 他 の 施 設 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 25　建　築　確　認 | | | | | | | 年月日 | | | | | | | | | | | | | | | | 第号 | | | | | | | | | | | |
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| 26 添付書類  (1)開設者の医師又は歯科医師の臨床研修等終了登録証の写し及び免許証の写し並びに職歴書  (2)診療に従事する医師又は歯科医師の臨床研修等終了登録証の写し及び免許証の写し  (3)業務に従事する助産師、医療従事者の免許証の写し  (4)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）  (5)敷地の平面図 (6)敷地周囲の見取図 (7)建物の平面図（縮尺1/100以上のもの。）(8)案内図  (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1/50のもの、壁及び鉛の厚さを記入） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |