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: