Appointment Request Card

1. Patient's Name (患者様の氏名)
Last (姓) First(名)

2. Patient's Date of Birth (患者様の生年月日)
Month/ Day/ Year

3. Request physician (希望医師に丸を入れてください)
Dr. Takedai, Dr. Hirooka, Dr. Nakagawa, Dr. Wakai,
Dr. Miyashita, Dr. Huh, Dr Sairenji, Dr Hayashi
Any Japanese physician
Any physician

4. Request date (希望の曜日と時間帯に丸をしてください)
Today (今日)
In 2 to 3 days (2、３日中に)
In 1 week (1週間後くらい)
In 2 weeks (2週間後くらい)
In 3 weeks (3週間後くらい)
In 4 weeks (4週間後くらい)

5. Purpose of visit (受診理由の一つに丸をしてください。)
Well child visit (小児科定期検診)
Prenatal Care (妊婦検診)
Adult Physical Examination (成人定期検診)
Follow-up Visit (フォローアップ受診)
Immunization/Nurse visit (予防接種のみの受診)
Other(その他)

Other comments