

**To Radiology Reception  
Sasebo City General Hospital**

**FAX +81-956-37-3660**

Please call +81-956-24-1515 Ext.6120 (Radiology Reception) to make an appointment. (japanese language only) Then, fax the following forms "FAX Application Form for Radiology Examination Appointment", "Questionnaire for CT or MRI Appointment" and "Referral Letter" to our Radiology Department reception.

**FAX Application Form for Radiology Examination Appointment**

放射線科紹介患者検査予約申込書

YYYY/MM/DD / /

<b>Referring Hospital/Clinic Name</b> <small>紹介元医療機関名</small>			
<b>Applicant</b> <small>担当者</small>	Department 所属 :	Name 氏名 :	
<b>TEL &amp; FAX number</b> <small>連絡先</small>	TEL :	FAX :	

**【Patient Information】**

患者 ID	(Do not write here)
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<small>フリガナ</small>			<b>Nationality</b> 国籍
<b>Patient name</b> <small>患者氏名</small>	( Male / Female )		
<b>Date of Birth</b> <small>生年月日</small>	YYYY/MM/DD / /		
<b>Current Address</b> <small>住所</small>	〒 —		
<b>Telephone #</b> 電話番号			
<b>Consultation History</b> <small>当院の受診歴</small>	Has the patient ever visited us in the past? Yes · No		
<b>Required image Exam</b> <small>必要な画像検査</small> Check the applicable <input type="checkbox"/>	<input type="checkbox"/> Computer Tomography (CT) <small>コンピューター断層撮影装置</small>		
	<input type="checkbox"/> Magnetic Resonance Imaging (MRI) <small>磁気共鳴画像装置</small>		
	<input type="checkbox"/> Other その他 ( )		
<b>Requiring Date</b> <small>希望検査日</small>			

**Radiology Dept. Appointment : 8:30am ~ 5:00pm Mon-Fri**

**TEL : +81-956-24-1515 Ext. 6120 FAX : +81-956-37-3660**

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