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| 葛飾区保健所長 あて | | | | | | | | | | | | | | | | | | | | | | |
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| 開設者 | | | | | | | | |  | | | | | | | | | | | | | |
|  | | | | | | | | | 氏 名 | | | | | | | | | | | | |  |
|  | | | | | | | | | 電話番号 （ ）  ﾌｧｸｼﾐﾘ番号 （ ） | | | | | | | | | | | | | |
| 〔 | | | | | | | | | | | | 法人にあっては、名称、主たる  事務所の所在地及び代表者の氏名 | | | | | | | | 〕 | | |
| 診療所開設許可申請書 | | | | | | | | | | | | | | | | | | | | | | |
| 診療所の開設許可を受けたいので、医療法第７条第１項の規定により、下記のとおり申請します。 | | | | | | | | | | | | | | | | | | | | | | |
| 記 | | | | | | | | | | | | | | | | | | | | | | |
| １ | 名称 | | | ふりがな | | | | | | | | | | | | | | | | | | |
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| ２ | 開設の場所 | | | 葛飾区  電話　　（　　　　）　　　　　　ＦＡＸ　　（　　　　） | | | | | | | | | | | | | | | | | | |
| ３ | 診療科目 | | |  | | | | | | | | | | | | | | | | | | |
| ４ | 開設の目的 | | |  | | | | | | | | | | | | | | | | | | |
| ５ | 維持の方法 | | |  | | | | | | | | | | | | | | | | | | |
| ６ | 開設予定年月 | | | 年 月 （上、中、下）旬 | | | | | | | | | | | | | | | | | | |
| ７ | 従業者定員 | | |  | | | | | | | | | | | | | | | | | | |
| 医師 | | 薬剤師 | 看護師 | 准看護師 | 助産師 | 診療放射線技師 | | エックス線技師 | | 看護補助者 | 事務員 |  | |  | 歯科医師 | | 歯科衛生士 | 歯科技工士 |  | | 計 | |
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| ８ | 交通機関 | | | 線 駅下車 口徒歩 分 | | | | | | | | | | | | | | | | | | |
| 駅 口からバス（ 行） 下車徒歩 分 | | | | | | | | | | | | | | | | | | |
| ９ | 敷地の面積 | | | ㎡ | | | | | | | | | | | | | | | | | | |
|  | 敷地の条件 | | | 用途地域 | | |  | | | | | | 防火地域 | | |  | | | | | | |

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| 10 | | 建物の構造概要 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | 建面積： | | | ㎡ | | | | | | | | | | | | | | | | 延面積： | | | | ㎡ | | | | | | | | | | | |
|  | | 構　造： | | | 造 階建て 全部・一部（ 階～ 階 号室 ㎡） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | | 廊下の幅 | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 建物別名称 | | | | | | | 片側廊下 | | | | | | | 中廊下 | | | | | 建物別名称 | | | | | | | | 片側廊下 | | | | | | | 中廊下 | | |
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| 12 | | ２階以上に病室を有する建物の階段数及びその構造 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 患者の使用する屋内直通階段 | | | | | | | | | | | | | | | | | | | | | | | 病室の  あ　る  最上階 | | | | | 避難階段の数 | | | | 備考 | | | | |
| 用途 | | | | 幅 | | | | | | 踊り場の幅 | | | け上げ | | | 踏面 | | | | 手すり  の有無 | | |
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|  | エレベーターの有無 | | | | | | | | | | 有（　　　個所）　・ 無 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13 | 病室の構造概要 | | | | | | | | | | 室 床 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 棟　別 | | | 階　別 | | | | | 病　室  番　号 | | | | 病　床  種　別 | | | 一室の  病床数 | | | 一室の  床面積 | | | | 一人当た  り床面積 | | | | 一 室 の  採光面積 | | | | 一 室 の  直接外気  開放面積 | | | 天井の  高　さ | | | 換気の  方　法 |
|  | | |  | | | 階 | |  | | | |  | | |  | | 床 |  | | | ㎡ |  | | ㎡ | |  | | | ㎡ |  | ㎡ | |  | | ｍ |  |
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| 14 | | | 診察室 | | | | | | | | 有　　・　　無 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | | |
| 科 | | | | | | | | | | | |  | | | | | ㎡ | |  | | | | | ㎡ | | 科 | | | | | | | | | | |  | | | | | | ㎡ |  | ㎡ | |
| 科 | | | | | | | | | | | |  | | | | | ㎡ | |  | | | | | ㎡ | | 科 | | | | | | | | | | |  | | | | | | ㎡ |  | ㎡ | |
| 15 | | 処置室（診察室兼用の場合を除く。） | | | | | | | | | | | | | | | | | | | 有　　・　　無 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 処置室名 | | | | | | | | | | | | | | | | | | | 室面積 | | | | | | | 処置室名 | | | | | | | | | | | | | | | | | | 室面積 | | |
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| 16 | 歯科治療室 | | | | | | | | | 有　　・　　無 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 室面積 | | | | | | | 治療いす | | | | | | | | 防火設備 | | | | | | | | | | | | | | | その他必要な設備 | | | | | | | | | | | | | | | | |
|  | | | | | ㎡ | |  | | | | | | 台 | |  | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
| 17 | | | | 歯科技工室 | | | | | | 有　　・　　無 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 室面積 | | | | | | | | 防じん設備 | | | | | | | | | | | | | | | 防火設備 | | | | | | | | | | | その他必要な設備 | | | | | | | | | | | | |
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| 18 | 検査室 | | | | | | | | | | 有　　・　　無 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 名称 | | | | | | | | 室面積 | | | | | | | 防火設備 | | | | | | | | | | | | | | | 検査器具、器械等 | | | | | | | | | | | | | | | | |
| 臨床検査室 | | | | | | | |  | | | | | ㎡ | |  | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
| 19 | 調剤所 | | | | | | | | | | 有　　・　　無 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | | | | | | | | | | | |
|  | | | | | ㎡ | |  | | | | | | | | | | | | | | |  | | | | | 10㎎ 台  感量 500㎎ 台  ㎎ 台 | | | | | | | |  | | | | | | | | | | | |
| 20 | | | | 手術室及び準備室 | | | | | | | | 有　　・　　無 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 区分 | | | | | | | | 面積 | | | | | | | 構　　造　　設　　備 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 手術台 | | | | | 床 | | | | | 壁 | | | 天井 | | | 照明 | | | | | | | 暖房 | | | | 滅菌手洗い設備 | | | | |
| 手術室 | | | | | | | |  | | | | | | ㎡ |  | | | 台 | |  | | | | |  | | |  | | |  | | | | | | |  | | | |  | | | | |
| 準備室 | | | | | | | |  | | | | | | ㎡ |  | | | | |  | | | | |  | | |  | | |  | | | | | | |  | | | |  | | | | |
| その他の施設 | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 21 | | | | 分べん室及び新生児入浴施設 | | | | | | | | | | | | | | | | | 有　　・　　無 | | | | | | | | | | | | | | | | | | | | | | | | |
| 分べん室 | | | | | | | | 室面積 | | | | | | | 構造設備 | | | | | | | | | | | 新 生 児  入浴施設 | | | | 室面積 | | | | | | | | | | 構造概要 | | | | | |
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| 22 | | | | エックス線装置及びエックス線診療室 | | | | | | | | | | | | | | | | | 有　　・　　無 | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | | | | | |
| 固定・携帯 | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
| 固定・携帯 | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
| 固定・携帯 | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
| エックス線  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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| 23 | | | | その他の施設 | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 看護師勤務室 | | | | | | | | | 階 | | | | | | | ㎡ | | | | | | | | | |  | | | | | | 階 | | | | | | | | | | ㎡ | | | |
| 事務室 | | | | | | | | | 階 | | | | | | | ㎡ | | | | | | | | | |  | | | | | | 階 | | | | | | | | | | ㎡ | | | |
| 宿直室 | | | | | | | | | 階 | | | | | | | ㎡ | | | | | | | | | |  | | | | | | 階 | | | | | | | | | | ㎡ | | | |
| 消毒施設 | | | | | | | | | 階 | | | | | | | ㎡ | | | | | | | | | |  | | | | | | 階 | | | | | | | | | | ㎡ | | | |
| 給食設備 | | | | | | | | | 階 | | | | | | | ㎡ | | | | | | | | | |  | | | | | | 階 | | | | | | | | | | ㎡ | | | |
| 待合室 | | | | | | | | | 階 | | | | | | | ㎡ | | | | | | | | | |  | | | | | | 階 | | | | | | | | | | ㎡ | | | |
| 新生児室 | | | | | | | | | 階 | | | | | | | ㎡ | | | | | | | | | |  | | | | | | 階 | | | | | | | | | | ㎡ | | | |
| 洗濯室 | | | | | | | | | 階 | | | | | | | ㎡ | | | | | | | | | |  | | | | | | 階 | | | | | | | | | | ㎡ | | | |
| 24 | | | | 建築確認 | | | | | | | 年 月 日 第 号 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 25 | | | | 添付書類 | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | **注意）医療法人の設立認可申請中や定款変更申請中は、開設許可申請（この申請）はできません。**  **認可書受領後に申請してください。**  **詳細は「診療所・歯科診療所（医療法人開設）新規開設申請の注意事項」を確認してください。**  (1) 定款、寄附行為又は条例及び登記事項証明書（発行後6か月以内）  (2) 土地及び建物の登記事項証明書（発行後6か月以内。土地又は建物を賃借する場合は、賃貸借契約書（原本と照合します）の写しも添付すること。)  (3) 敷地の平面図  (4) 敷地周囲の見取図  (5) 建物の平面図（縮尺１００分の１以上のもの）  (6) エックス線診療室放射線防護図（平面図及び立面図。縮尺５０分の１のものとし、壁及び鉛の厚さを記入すること。）  (7) 案内図  副本が必要な場合は、提出書類は、正副２部ご用意ください。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |