

記入例  
Example of completed form

武田薬品健康保険組合理事長 殿

To: Chairman of the Board, Takeda Health Insurance Society

傷病治療完了届

第三者行為による事故(交通事故含む)

Notice of Completion of Treatment

(In connection with injury or sickness due to a third-party act)

事業所・所属名/Employer/section name: ____ Pharmaceutical Company Limited ____ Div., ____ Dept.	社内電話番号/Ext.:  9 9 9 - 9 9 9 9
被保険者氏名/Name of insured person:  Taro Kempo	記号・番号/Code/No.:  1 2 3 - 4 5 6 7
事故当事者名/Name of person involved in accident:  Ichiro Kempo	被保険者との続柄/Relationship to insured person:  Eldest son

下記のとおり治療が完了しましたので連絡します。

I hereby inform you that medical treatment of the person involved in the accident was concluded, as detailed below.

治療期間 Treatment period	December 1, 2008 - February 20, 2009
治療完了日または、 症状固定日 Date of completion of treatment Or date condition stabilized	February 20, 2009
医療機関名 Medical care institution name	____ Orthopedic Hospital

年 月 日  
Date (Y/M/D): ○○ / ○ / ○

被保険者氏名  
Name of insured person Taro Kempo