



## Dental Clinic Questionnaire



(As of October 1, 2020)

* Ref. Number									*	Health center code					*	Municipal- ity code							
(1) Address of the institution																	(3) Details of non-practice <b>1</b> Temporarily closed. <b>2</b> Not in practice for a year or longer. <b>3</b> Not in practice for less than a year.						
(2) Name of the institution																							
Corporate Number																							
(4) Establishing organization      Circle the one that applies.								(8) Consultations															
<b>01 MHLW</b> <b>02 National Hospital Organizations</b> <b>03 National University Corporation</b> <b>04 National Institute of Occupational Safety and Health, Japan</b> <b>05 National Research Center for Advanced and Specialized Medical Care</b> <b>06 Japan Community Health Care Organization</b> <b>07 Others</b> <b>08 Prefectures</b> <b>09 Municipalities</b> <b>10 Local Incorporated Administrative Agencies</b> <b>11 Japan Red Cross</b> <b>12 Saiseikai Imperial Gift Foundation</b> <b>13 Hokkaido Social Service Association</b> <b>14 National Welfare Federation</b> <b>15 Federation of National Health Insurance Organizations</b> <b>16 Health insurance societies and their federations</b> <b>17 Mutual aid associations and their federations</b> <b>18 National Health Insurance Societies</b> <b>19 Public interest corporations</b> <b>20 Medical corporations</b> <b>21 Private university corporations</b> <b>22 Social welfare corporations</b> <b>23 Health Co-operative Association of JCCU</b> <b>24 Business corporations</b> <b>25 Other corporations</b> <b>26 Individuals</b>								Total number of outpatients in September _____ p															
								Number of new outpatients (regrouped) _____ p															
								(9) Number of prescriptions for outpatients      Provide total of September.															
								Number of in-hospital prescriptions _____ times															
								Out-hospital prescriptions issued _____ times															
								(10) Health services      Circle all that were provided in September.															
								<b>1</b> Health consultation and guidance															
								<b>2</b> Preventive measures															
<b>3</b> Checkups under contract from municipalities																							
<b>4</b> Checkups under contract from businesses																							
<b>5</b> Nothing applicable																							
(11) Emergency care systems      Circle one below.																							
Participation in primary emergency medical care systems																							
<b>1</b> Holiday emergency dental clinic																							
<b>2</b> System for dentists on duty																							
<b>3</b> Not available																							
Emergency services at night (incl. midnight)    Circle one below.																							
Available					<b>3</b> Not available																		
<b>1</b> Almost every day	<b>2</b> Others																						
(12) Official consultation hours      Provide total hours. (Consider 1 to 59 minutes as 0.5 hours.)																							
Regular consultation hours per week							.		hours														
(5) Number of beds permitted					Official consultation hours      Circle all the time periods when regular consultation is provided.																		
_____ beds					Day of the week	Morning	Afternoon	6PM-7PM	7PM-8PM	8PM-9PM	9PM - 10PM	-											
(6) Consultations covered by social insurance, etc.      Circle one below.					Monday	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>											
<b>1</b> Insured medical care institution or insurance doctor					Tuesday	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>											
<b>2</b> Self-funded consultation only					Wednesday	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>											
(7) Clinical specialties      Circle all that apply.					Thursday	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>											
<b>1</b> Dentistry					Friday	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>											
<b>2</b> Orthodontics					Saturday	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>											
<b>3</b> Pediatric dentistry					Sunday	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>											
<b>4</b> Dentistry and oral surgery					Holiday	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>											

Continued on back.

Person who filled out this form	Remarks
(Department)	
(Name)	

Thank you for your cooperation.