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| 様式第４号の２（第２条関係）（用紙　日本産業規格Ａ４縦型）   |  |  |  | | --- | --- | --- | | 診療所病床 | 設置 | 許可申請書 | | 設置許可事項変更 |   年　月　日  　　静岡県知事　氏　　　名  　　　　　　　　　　　　　　様  　　静岡県　　　　保健所長  　法人にあっては、その  　主たる事務所の所在地  住所    　　　　　　　　　　　　　　　　　　　　　　　　設置者  　法人にあっては、その  　名称及び代表者の氏名  氏名   |  |  |  | | --- | --- | --- | | 次のとおり医療法第７条第３項の規定により診療所病床の | 設置 | の許可 | | 設置許可事項変更 |   　　を受けたいので、関係書類を添えて申請します。   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | 診療所の名称 |  | | | | | | | | | | | | | | | | | | | | | | 開設の場所 |  | | | | | | | | | | | | | | | | | | | | | | 病床数 | 療養 | | | | | | | 一般 | | | | | | | | 計 | | | | | | | 床 | | | | | | | 床 | | | | | | | | 床 | | | | | | | 従業者の定員 | 医師 | 歯科医師 | | 薬剤師 | | 看護師 | | | 准看護師 | | 助産師 | 診療放射線技師 | | 歯科技工士 | | | 看護補助者 | | その他 | | 計 | | 人 | 人 | | 人 | | 人 | | | 人 | | 人 | 人 | | 人 | | | 人 | | 人 | | 人 | | 病室の概要 | 室番号 | | 病床の  種別 | | 病床数 | | 室面積 | | | 内法  面積 | | | 採光  面積 | | 開放  面積 | | | １人当  たりの  面積 | | 経過措置適用の有無 | | |  | |  | | 床 | | ㎡ | | | ㎡ | | | ㎡ | | ㎡ | | | ㎡ | |  | | |  | |  | |  | |  | | |  | | |  | |  | | |  | |  | | |  | | | | | | | | | | | | | | | | | | | | | |
| |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  | | 計 |  |  |  |  |  |  |  |  | | 機能訓練室 | 室面積 | | 設備概要（主な器械又は器具） | | | | | | | | ㎡ | |  | | | | | | | | 談話室 | 室面積 | | 共用している場合の施設名 | | | | | | | | ㎡ | |  | | | | | | | | 食堂 | 室面積 | |  | | | | | | | | ㎡ | | | 浴室 | 室面積 | | 浴室の概要 | | | | | | | | ㎡ | |  | | | | | | |   　　（注）　１　病室の室番号、病床数及び病床の種別並びに各室の用途を明示した建物の平面図(変更の許可の申請の場合にあっては、変更前及び変更後の平面図)を添付すること（従業者の定員の定員の変更の場合を除く。）  　　　　　　２　変更の許可の申請の場合にあっては、診療所の名称及び開設の場所を記載するとともに、変更しようとする事項について、変更前の内容を上段に括弧書きし、変更後の内容を下段に記載すること。 |