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| 様式第２号（第２条関係）（用紙　日本産業規格Ａ４縦型）  診療所開設許可申請書  年　月　日  　　　　静岡県　　　　　保健所長　様  　法人にあっては、その  　主たる事務所の所在地  住　　所  　　　　　　　　　　　　　　　　　　　　　　　　開設者  　法人にあっては、その  　名称及び代表者の氏名  氏　　名  　　　　　　　　　　　　　　　　　　　　　　　　　　　　電話番号  　　　　次のとおり医療法第７条第１項の規定により診療所の開設の許可を受けたいので、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 | | | | | 診療科目 |  | | | | | | | | | | | | | | | 開設の目的 |  | | | | | | | | | | | | | | | 維持の方法 |  | | | | | | | | | | | | | | | 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 | 線技師  診療放射 | | | 士  歯科技工 | その他 | 計 | | 人 | 人 | 人 | | 人 | | 人 | 人 | 人 | | | 人 | 人 | 人 | | 敷地の面積 | ㎡ | | | | | | | | | | | | | | | 建物の構造概要 | 造り　　建築面積　　　　　　　　　　　　㎡  　　　　　　　　　　　階建て　　延べ床面積　　　　　　　　　　　　㎡ | | | | | | | | | | | | | | | 建物の用途 | | | 構造概要 | | | | | | 建物の面積 | | | | | |  | | |  | | | | | | ㎡ | | | | | |  | | |  | | | | | |  | | | | | |
| |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  | | |  | | | | | | | | |  | | | | | |  | | |  | | | | | | | | |  | | | | | |  | | |  | | | | | | | | |  | | | | | | 診察室及び  処置室 | 診察室又は処置室名 | | | | | | 室面積 | | | | 診察室又は処置室名 | | | | | 室面積 | | |  | | | | | | ㎡ | | | |  | | | | | ㎡ | | | 歯科治療室 | 室面積 | | | | | | | | | | 治療用子 | | | | | | | | ㎡ | | | | | | | | | |  | | | | | | | | 歯科技工室 | 室面積 | | | | 防設備 | | | | | | 火器設備及び  防火設備 | | | | 機械器具  その他設備 | | | | ㎡ | | | |  | | | | | |  | | | |  | | | | 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 | |  |  | | | 床 | | | ㎡ | | | ㎡ | ㎡ | | | ㎡ | | ㎡ | |  |  | | |  | | |  | | |  |  | | |  | |  | |  |  | | |  | | |  | | |  |  | | |  | |  | |  |  | | |  | | |  | | |  |  | | |  | |  | |  |  | | |  | | |  | | |  |  | | |  | |  | |  |  | | |  | | |  | | |  |  | | |  | |  | |  |  | | |  | | |  | | |  |  | | |  | |  | | 手術室 | 室面積 | | 床、壁及び天井  の構造 | | | | | | 照明 | | | | | 手術台 | | | | | ㎡ | |  | | | | | |  | | | | | 台 | | | | | 調剤室 | 室面積 | | 麻薬金庫  の有無 | | | 冷暗所の有無 | | | | 調剤に必要な器具 | | | | | 投薬瓶の消毒設備 | | | | ㎡ | |  | | |  | | | |  | | | | |  | | | |
| |  |  |  | | --- | --- | --- | | 防火上必要な  設備の状況 |  | | | 消火用の機械  又は器具の状況 |  | | | その他の施設 | 検査室 | 消毒施設の構造及び消毒方法 | |  |  | | 給食施設の概要 | エックス線診療室の概要 | |  |  | | 開設予定年月日 | 年　　月　　日 | |   　　（注）　１　開設者が法人であるときは、定款、寄附行為又は条例の写しを添えること。  　　　　　　２　敷地の平面図、敷地周囲の見取図及び建物の平面図（各室の用途（病室にあっては、病床数を含む。）を明示したもの）を添付すること。 |