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| 口腔がん専門医更新認定申請書年　　　月　　　日日本口腔腫瘍学会　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　（申請書の日付はすべて西暦）　　 口腔がん専門医制度委員会　殿

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| 所属(施設名及び講座または診療科) |  |
| 申請者氏名(自筆) |  | ㊞ |
| 会員番号 |  |
| 認定番号 |  |

日本口腔腫瘍学会口腔がん専門医制度規則に基づき、下記の関係書類及び更新料を添えて口腔がん専門医資格更新を申請いたしますので審査をお願いいたします。

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| 記 |
| １．日本口腔外科学会認定口腔外科専門医認定証（写） |
| ２．日本がん治療認定医機構がん治療認定医（歯科口腔外科）認定証または　　がん治療認定医認定証（写） |
| ３．学術集会・講習会参加証および教育研修会等の受講証（写） |
| ４．申請前5年間の口腔がん診療実績表 （専更－２） |

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| 連絡先 | E-mail アドレス |  |
| 勤務先 | 所在地 | 〒　　　－ |
| 名　称（ＴＥＬ） |  |
| 自　宅（ＴＥＬ） | 〒　　　－ |

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|  申請前5年間の口腔がん診療実績表

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| 記入年月日 | 　　　年　　　月　　　日  |

|  |  |
| --- | --- |
| 申請者氏名 |  |
| 施設・診療科名 |  |

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| １．症例一覧表　期間　　　　年　　月　～　　　年　　月 |
| No | ID番号 | 初診日 | 診断名 | 主たる治療内容（手術療法/放射線治療/薬物療法/緩和医療 等） | 手術の担当（原発巣切除術/　頸部郭清術/再建術） |
| 年/月/日（西暦） |
| 1 |  |  |  |  |  |
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| No | ID番号 | 初診日 | 診断名 | 主たる治療内容（手術療法/放射線治療/薬物療法/緩和医療 等） | 手術の担当（原発巣切除術/　頸部郭清術/再建術） |
| 年/月/日（西暦） |
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| No | ID番号 | 初診日 | 診断名 | 主たる治療内容（手術療法/放射線治療/薬物療法/緩和医療 等） | 手術の担当（原発巣切除術/　頸部郭清術/再建術） |
| 年/月/日（西暦） |
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| 年/月/日（西暦） |
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| No | ID番号 | 初診日 | 診断名 | 主たる治療内容（手術療法/放射線治療/薬物療法/緩和医療 等） | 手術の担当（原発巣切除術/　頸部郭清術/再建術） |
| 年/月/日（西暦） |
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| No | ID番号 | 初診日 | 診断名 | 主たる治療内容（手術療法/放射線治療/薬物療法/緩和医療 等） | 手術の担当（原発巣切除術/　頸部郭清術/再建術） |
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| 学会参加証等貼付用紙 ＊ 学会参加証は、氏名と学会名等が確認できるように切り離さずに貼ってください。＊ 用紙不足の場合は、この用紙をコピーしてください。 （　　　枚のうち　　　枚） |
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