D. C. J.	
Patient number:	
Patient name: Mr.	
Date of birth:	
Patient address:	
Phone number:	
Publication date:	
Diagnosis name:	
Examination list::	
Examination results (positive/negative):	
Sign:	
Γ	Or.

----- Medicine Certificate -----

Medical corporation Yakushinkai Shinjuku Kabuki Inspection Clinic.

5th floor, Daigo Raiden Building, 2-45-1 Kabukicho, Shinjuku, Japan.