

Deceased Patient's Medical Report / Medical Records Application Form

親屬申請死者的醫療報告 / 醫療記錄表格

1. Particulars of Deceased

死者資料

(a) Name: _____ (English) _____
Surname 姓氏 Forename 名字 (英文) Chinese 中文姓名

(b) Sex: Male Female Age: _____ Date of Birth: _____
性別 男 女 年齡 出生日期

(c) Nature of Identity Document and Number: _____
身份證明文件類別及號碼

Please produce in person the original or provide a true copy of the Deceased's identity document and Death Certificate. Please attach a copy of the Deceased's birth certificate if under 18 years of age.

*請親身出示死者的身份證明文件及死亡證明書正本或提交真確副本。
如死者年齡未滿十八歲，請附上其出生證明書副本。*

2. Nature of Application

申請性質

(a) Deceased's Medical Records 死者的醫療記錄

(b) Deceased's Medical Reports 死者的醫療報告

Particulars

詳情

(c) Period: From _____ to _____
期間：由

(d) Specialty: _____
專科

(e) Purpose (Please Specify):

用途 (請註明)

3. Particulars of Applicant

申請人資料

Name: _____
姓名

Address: _____
地址

Tel. No: _____
電話號碼

H.K.I.D. No: _____
身份證號碼

Relationship with the Deceased: _____
與死者關係

Please produce in person the original or provide a true copy of the identity document of the Applicant.

請親身出示申請人的身份證明文件正本或提交真確副本。

Please also attach a true copy of the documentary evidence to support the relationship between the Applicant and the Deceased.

請一併附上能證明申請人與死者之間關係的證件真確副本。

4. Declaration

聲明

I the Applicant declare as follows: (Please tick the appropriate box)

(a) I have applied for or I have been appointed by the Court as the personal representative or one of the personal representatives to administer the Deceased's estate.

本人已經向法庭或已經被法庭委任為死者的唯一或其中一位遺產代理人，管理死者遺產。

(b) I am entitled to be the personal representative of the Deceased or I can act for and on behalf of all persons who may be entitled to apply for the administration of the Deceased's estate.

本人有權申請成為死者的遺產代理人或本人可作為及代表所有有權申請承辦死者的遺產的人。

(Except with the consent of the individual concerned, the personal data collected in this Form will be used for the purpose of processing this request and other directly related purposes only.)

(除獲有關個人的同意外，本表格收集的個人資料只可用於處理此項申請及其他與之直接有關的目的。)

Signature of the Applicant (申請人簽署)

Date (日期)

Data Collection Method 請選擇資料領取方法

By Mail 郵寄 (Address 地址: _____)

Self-collect during office hour 自行在辦公時間內到本院領取

(Contact Tel 聯絡電話: _____)

Medical Records/Medical Report – Scale of Fees
醫療記錄/醫療報告收費表

I. Medical Records

For supplying a copy of the medical records under request, processing fee and reproduction charges are payable:	
Paper based record only	A processing fee of \$76 per request (inclusive of reproduction charge for not more than 10 pages and postage), thereafter \$1 will be charged for each additional page
Non-paper based record only	A processing fee of \$76 per request (inclusive of postage), plus \$230 per modality per disc/film
Paper based + non-paper based records	A processing fee of \$76 per request (inclusive of reproduction charge for not more than 10 pages and postage), thereafter \$1 will be charged for each additional page, and \$230 per modality per disc/film
醫療記錄	
要求獲得所需的醫療記錄複本。 需繳付處理費及複製費：	
只有紙張記錄	處理費用為 76 元（包括不超過 10 頁的複印費和郵費），其後每頁收取 1 元
只有非紙張記錄	處理費用為 76 元（包括郵費），另加每項成像技術（每張光碟/底片）收取 230 元
紙張記錄+非紙張記錄	處理費用為 76 元（包括不超過 10 頁的複印費和郵費），其後每頁收取 1 元，及每項成像技術（每張光碟/底片）收取 230 元

II. Medical Report

A minimum of \$895 per medical report per specialty subject to a maximum of \$3,580.

醫療報告

每份醫療報告每個專科最低收費為 895 元，最高收費為 3,580 元。