

Tung Wah Eastern Hospital 東華東院

INFORMATION SHEET FOR MEDICAL REPORT AND PATIENT INFORMATION APPLICATION**申請醫療報告及病人資料須知**

(1) Please complete this application and attach the claim form (if any). Doctor will complete the medical report either in essay form or in the provided form.

請填妥申請表及附上申索保險賠償之表格 (如適用者)。惟醫生可以書面形式或所提供之表格完成醫療報告。

Patient MUST sign in the column "Signature of Patient" under section 7.

病人必須於第七項"病人簽署"一欄簽名。

(2) Documents to be submitted together with application 需要與申請表一併提交之文件:

- (a) If application is sent by post, please attach a true copy of the Patient's identity document. If Patient is under 18 years of age, please attach a true copy of the Patient's birth certificate and true copy of identity document of the parent OR documentary proof of relationship of guardianship. 如申請是經郵寄, 請附上病人的身份證明文件真確副本; 如病人年齡未滿十八歲, 請附上其出生證明書及其監護人身份證明文件真確副本或監護人之證明。
- (b) If application is sent in person, please provide identity document for inspection by staff at Enquiry Counter. 如申請是親自送交本院, 請出示身份證明文件予詢問處職員核對資料。
- (c) A true copy of the identity document of the individual to whom this Medical Report is to be sent if the applicant is not the patient himself. This does not apply if the recipient is a limited company such as an insurance company. 如果此醫療報告非由病人本人接收, 請附上接收人的身份證明文件真確副本。如若接收人為一有限公司 (如保險公司), 則此欄不適用。
- (d) For the requests from insurance companies or law firms, no true copy of patient's HKID Card is required if the patient's HKID card number provided is accurate and corresponds to the number recorded on database of the Hospital Authority. 保險公司/律師事務所提交申請表時, 如所提交病人的香港身份證號碼是正確及符合醫管局電腦資料, 則不需要出示病人的香港身份證/護照正本或提交真確副本。
- (e) For application of medical report for a deceased, please produce the Original or provide a true copy of the followings: 如親屬申請死者醫療報告, 請出示以下文件正本或提交其真確副本:
 - the Deceased's identity document (the deceased's birth certificate if under 18 years of age) and Death Certificate, and 死者的身份證明文件(如死者年齡未滿十八歲, 其出生證明書)及死亡證明書, 及
 - the applicant's identity document, and 申請人的身份證明文件, 及
 - documentary evidence to support the relationship between the Applicant and the Deceased. 申請人與死者關係的證明文件。

(3) Charges: 收費:

Medical Report: A minimum of **HK\$895 PER** medical report/ claim form **PER** specialty; subject to a maximum of \$3,580
醫療報告: 每個專科每份醫療報告/供保險用途的證明書最低收費為港幣 895 元; 最高收費為港幣 3,580 元。

Certification / verification/re-issue of *previously* issued Medical Certificate or Attendance Certificate: \$230 per copy per specialty
證明/證實/補領以往發給的醫生證明書或到診證明書: 每個專科每份 230 元。

Crossed Cheque payable to "**HOSPITAL AUTHORITY**" 支票付款: 支票抬頭人為 "**醫院管理局**"

- Cash: Please pay at the Shroff Office at G/F, Ophthalmic Block. 繳付現金: 請往眼科中心地下繳費處。
(Opening hours of Shroff Office: 9:00 a.m. to 5:30 p.m. (Mon-Fri);
Closed on Sat, Sun & PH.
(繳費處辦公時間: 星期一至五: 上午 9 時至下午 5 時 30 分;
星期六, 星期日及公眾假期: 休息。)

- No refund of the fee paid will be made. 所有現金 / 支票, 一經接納, 概不發還。

(4) Performance Standard: Around 8 weeks for medical report of each specialty under normal circumstances.

需時: 一般情況下, 每個專科每份醫療報告需時約 8 個星期完成。

The completed medical report/ claim form & the receipt (if applicable) will be sent by mail directly to the person mentioned in the application. 醫療報告完成後, 院方會連同收據(如適用者)郵寄往申請表內之申請人。

(5) Submission of Application:

By hand: Enquiry Counter, 1/F, Main Block
(Opening hours: Monday – Friday: 9:00am to 5:30pm
Saturday: 9:00am to 12:00 noon
Sunday & Public Holidays: Closed)

OR By Post: Tung Wah Eastern Hospital
19 Eastern Hospital Road, Causeway Bay, HK
(Attn: Medical Record Office) Enquiry Tel.: 2162 6072

** If pay in cash, please note opening hours of Shroff Office. The Enquiry Counter will not receive cash payment.
如繳付現金, 請注意繳費處辦公時間, 本處不會代收現金。*

填妥申請表後, 請交回本院主座大樓一樓大堂詢問處

(辦公時間: 星期一至五: 上午 9 時至下午 5 時 30 分; 星期六: 上午 9 時至中午 12 時; 星期日及公眾假期: 休息)

或郵寄: 東華東院 香港銅鑼灣東院道 19 號, 請註明 "醫療檔案室"

(查詢電話: 21626072)

Hospital Authority – Hong Kong East Cluster

醫院管理局 - 香港東聯網

Tung Wah Eastern Hospital 東華東院

Medical Report and Patient Information Application Form

醫療報告及病人資料申請表

<i>For Official Use</i> 只供院方填寫		MR _____ -- _____
Receipt no.:		Specialty/Type:
Received Date :		

Please read the "information sheet for medical report request" before complete this application form. 請先閱讀「申請醫療報告須知」才填寫申請表。

1. **Particulars of Patient** 病人資料:

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

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

HKID Card No. 香港身份證號碼: _____ Or 或 Passport No. 護照號碼: _____

Address 地址 (Please write in block letter and ensure the address is correct for mailing. 請用正楷填寫及確實地址無誤, 以免郵寄失誤):

Room 室		Floor 樓		Block 座	
Building Name 大廈名稱					
Street / Road 街道					
District 地區	* Hong Kong 香港/ Kowloon 九龍/ NT 新界				

Daytime Telephone No.

日間聯絡電話號碼: _____

Other Contact No.

其他聯絡電話號碼: _____

2. **Nature of Request** 申請項目

☐ Medical Report 醫療報告

☐ Medical Certificate^N 註 醫生證明書^N 註 (From 由 _____ to 至 _____)

☐ Claim Form 申請保險賠償表格

☐ a supplementary medical report 解釋或跟進一個已發出的醫療報告

Please attach a copy of the previous medical report, if available, for ease of reference. 如有以前的醫療報告, 請附上副本以作參考

Please specify items to be included in this supplementary medical report 請註明此跟進醫療報告所應包括之事項:

☐ Others 其他: _____

3. **Information Request** 申請資料

Specialty 專科: _____ Period 期間: from 由 _____ to 至 _____

4. **Purpose of Report** 醫療報告之用途

☐ Future Medical Follow-up / Personal Record 日後醫療用途/個人紀錄

☐ Claim for Insurance / Employee Compensation 申索保險賠償/工傷賠償

☐ Immigration / Visa Application 申請移民/簽證

☐ Legal Proceedings for 法律申訴程序: _____

☐ Others (pls. specify) 其他(請列明): _____

5. **Contents** 內容包括

☐ nature of sickness / disability / injury 疾病、傷殘或受傷性質

☐ nature of operation / treatment 手術或治療的性質

☐ length of hospitalization 留院日期

☐ length of sick leave granted 病假日期

☐ Others 其他 (please specify items to be included 請註明特別事項): _____

☐ - please tick (✓) where appropriate 請於適當方格內加入✓ 號

*- please delete the inappropriate 請刪除不適用者

^N 註 - please refer to information sheet 請參閱 "申請醫療報告須知"

6. ^N 註 **Particular of Applicant/ Receiver of Report** 申請人/報告接收人資料 (If different from the Patient 如非病人本人)

Name 姓名: _____ (English 英文) _____ (Chinese 中文) Contact Tel.No. 聯絡電話號碼: _____

*HKID Card 香港身份證 / Passport No. 護照號碼: _____ Relationship with Patient 與病人關係: _____

Address 地址 (Please write in block letter and ensure the address is correct for mailing. 請用正楷填寫及確實地址無誤, 以免郵寄失誤):

Room 室					Floor 樓			Block 座		
Building Name 大廈名稱										
Street / Road 街道										
District 地區					* Hong Kong 香港/ Kowloon 九龍/ NT 新界					

7. ^N 註 **Declaration/ Consent (if applicable)** - I declare that the information given in this request is accurate. I and/ or my parent/ guardian by signing this Form consents to the Hospital disclosing and sending my medical report to the applicant/ receiver in (6) above.

聲明/同意書(如適用者) — 本人謹此聲明在本表格內提供的資料準確無訛。本人及 / 或其父 / 母 / 監護人簽署此表格代表 本人及 / 或其父 / 母 / 監護人同意院方透露及發出本人的醫療報告給第六項所填寫之申請人 / 報告接收人。

FOR ALL REQUEST, PATIENT MUST SIGN IN THIS COLUMN (所有申請, 病人必須簽署此欄)	
For Patient who is over 18 years old (此欄適用於年滿 18 歲的病人)	
Signature of Patient 病人簽署	Date 日期
For Patient who is a minor (under the age of 18) or mentally incapable (此欄適用於未滿 18 歲或因精神狀況而不能處理本身事務之病人)	
Signature of Patient's Parent/ Guardian 病人父/母/監護人簽署:	Nature of Identity document & ID No. 身份證明文件類別及號碼:
Name in Block Letter 姓名(正楷填寫):	Date 日期:
❖ Please produce the Original or provide a copy of the applicant's identity document and attach a copy of documentary evidence to support the relationship with the Patient. 請出示申請人的身份證明文件正本或提交副本, 並附上與病人關係的證明文件副本。	

^N 註 **For Deceased Patient's Medical Report** 此欄適用於親屬申請死者醫療報告

Declaration 聲明

I, the Applicant, declare as follows: (Please tick the appropriate box) 本申請人現聲明如下: (請在適當空格加上✓號)

- ☐ 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.
本人已經向法院申請或已經被法院委任為死者的唯一或其中一位遺產代理人, 管理死者的遺產。
- ☐ 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士。

Signature 簽署	Name 姓名	Relationship with Deceased 與死者關係	Date 日期
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*- please delete the inappropriate 請刪除不適用者

^N 註 - please refer to information sheet 請參閱 "申請醫療報告須知"

For Official Use 此欄只供院方填寫	Checked by:
<input type="checkbox"/> 病人[*及有關人士] 的證件號碼已經核對其 *香港身份證 / 護照 / 出生證明書 / 結婚證明書 *正本 / 副本。	

[Please complete the following and provide a self-addressed envelope with stamp **ONLY** if the applicant would like to have an acknowledgement of receipt of the application. 申請人如希望覆知收到其申請表, 請填妥下列資料, 並附上回郵信封一個。]

Acknowledgement of Receipt 回條

This is to inform you that application of medical report for patient (name) (病人姓名) _____, HKID no. (身份證號碼) _____ has been received. If you have any query, please contact our Medical Records Office at tel. no.2162 6072.

本院已收到閣下醫療報告之申請, 如有查詢, 請聯絡本院醫療檔案室, 電話: 2162 6072。

Tung Wah Eastern Hospital 東華東院