



Pamela Youde Nethersole Eastern Hospital
東區尤德夫人那打素醫院

Information Sheet For Medical Report and Patient Information Application 申請醫療報告及病人資料須知

I. Application Notice 申請須知：

- (a) Please complete the application form 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。
- (b) Patient MUST sign in the column "Signature of Patient" under section 7 of the application form.
病人必須於申請表的第七項 "病人簽署" 一欄簽名。
- (c) The specialty responsible for completion of medical report / patient's information and all relevant information about the attendance of the patient, including dates or period must be specified upon submission of request.
申請人須於申請表註明所需資料的專科部門及有關病人接受本院治療的資料，包括日期、診症及住院時段等。
- (d) All medical reports / patient's information are written in English. This hospital does not provide translation service.
所有醫療報告/病人資料均用英文書寫。本院並無翻譯服務。
- (e) Medical reports / patient's information are written based on patient's information during the care of Pamela Youde Nethersole Eastern Hospital.
醫療報告之內容，只會提供病人於東區尤德夫人那打素醫院接受治療期間的資料。
- (f) For any amendment request, please submit the original copy of medical report / patient's information. Please note that such amendment is subject to our doctors / hospital management's final decision.
如對報告有修正的要求，必須交回報告之正本。惟報告能否修正，將由本院及醫生作最後決定。
- (g) The completed medical report/ claim form & the receipt (if applicable) will be sent by registered 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) 以掛號郵件寄往申請表內之申請人。
- (h) Medical report will be sent to the applicant's provided address by registered mail if they are not collected within 1 month after being informed. If the medical report sent by registered mail is undelivered and returned by the Post Office, they will be disposed of 3 months after its return without any further or prior notice.
醫療報告若於被通知可以領取後的一個月仍未被領取，會以掛號郵件送遞至申請人提供的地址。因未能寄遞而被郵局退回的醫療報告，會於三個月後銷毀，事前不會另行通知。
- (i) If the applicant is unable to collect the completed medical report / Patient's information in person, you may authorize someone to do it on your behalf. The applicant should prepare an authorization letter, stating the applicant's name & HKID / Passport number and the authorized person's name & HKID / Passport number. The authorized person should submit the signed authorization letter and present the true copy of his/her identity document, the copy of identity document of the applicant for inspection by staff at Enquiry Counter.
如申請人未能親自領取已完成的醫療報告/病人資料，申請人可授權他人代為領取。申請人須備妥授權書，而授權書上須列明申請人姓名及香港身份證/護照號碼，以及獲授權人士的姓名及香港身份證/護照號碼。獲授權人士須提交已簽署的授權書，並出示其身份證明文件正本及申請人身份證明文件副本，供詢問處職員查閱。

II. 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 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。
- (b) If the HKID Card No. is provided, no copy or physical production of the HKID Card must be presented in case the number provided is accurate and corresponds to the number recorded on HA's database. If not, a true copy of the HKID Card will be required for verification. Alternatively, the HKID Card may be physically produced for verification at our hospital.
若提交香港身份證號碼，而提交的號碼正確及與醫管局資料庫所記錄的號碼相符，可無須親身出示香港身份證正本或提交真確副本。否則，須提交香港身份證的真確副本，或親身向本院出示香港身份證正本，以供查核。

If the Passport No. is provided, please produce in person the original or provide a true copy of the Passport of the Patient when submitting this Medical Report and Patient Information Application Form to our hospital.

The above detail will be subjected to amendment without prior notice

以上條文, 本院得隨時修訂, 不作另行通知

若提交護照號碼，請在向本院提交本「醫療報告及病人資料申請表」時，親身出示病人的護照正本或提交真確副本。

- (c) Please produce in person the original or provide a true copy of the HKID Card/Passport of the Relevant Person when submitting this Medical Report and Patient Information Application Form.
在向本院提交本「醫療報告及病人資料申請表」時，請親身出示有關人士的香港身份證／護照正本或提交真確副本。
- (d) 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。

III. Charges 收費 (With effect from 01 January 2026 由二零二六年一月一日起生效)：

- (a) Medical Report: A minimum of HK\$1,100 PER medical report/ claim form PER specialty; subject to a maximum of \$4,400.
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一千一百元；最高收費為港幣四千四百元。
- (b) Issuance of a duplicate record, certified copy of a record or information extracted from record or database held by HA (Reissue of previously issued Attendance Certificate, Medical Certificate or Discharge Slip (Patient Copy)): HK\$300 per copy per specialty.
重發紀錄、紀錄的有效副本或從醫院管理局紀錄或資料庫擷取的資料（補領以往發給的到診證明書、醫生證明書或出院紙（病人備本））：每個專科每份港幣三百元。
- (c) No refund of the fee paid will be made.
所有已繳款項，一經接納，概不發還。
- (d) **If pay in cash, please note the opening hours of Shroff Office. The Enquiry Counter/ Release of Information Unit will not receive cash payment.**
如繳付現金，請注意繳費處辦公時間，詢問處 / 醫療信息發放組不會代收現金。

- Crossed Cheque payable to "HOSPITAL AUTHORITY".
- Cash: Please pay at the Shroff Office at G/F, Main Block.
- Opening hours as below:
 - 8:30 a.m. to 6:30 p.m. (Mon-Fri)
 - 8:30 a.m. to 1 p.m. (Sat)
- Direct bank payment: Please contact Shroff Office at 2595 7346.

- 支票付款：支票抬頭人為 " 醫院管理局 "
- 繳付現金：請往主座大樓地下繳費處
辦公時間：
 - 星期一至五：上午八時卅分至下午六時卅分
 - 星期六：上午八時卅分至下午一時
- 銀行轉帳：請致電 2595 7346 聯絡本院繳費處

IV. Processing Time 需時：

- (a) Under normal circumstances, around 8 weeks for each medical report. Longer processing time will be required for application of medical reports from multiple specialties.
一般情況下，每個專科每份醫療報告需時約 8 個星期。如申請兩個或多個專科的醫療報告，相應需時較長。
- (b) If a medical report is required on a particular date but it is unlikely that the report can be released on or before the specific date require, then the application will be rejected and the application together with remittance enclosed will be returned to the applicant.
如申請人要求本院在指定日期完成該項申請醫療報告，而該要求於合理情況下未能配合本院實際運作，則有關申請將予拒絕，而申請書連同所繳費用將一併退還申請人。

V. Submission of Application 遞交申請表：

By hand: Enquiry Counter, G/F, Main Block
Opening hours:

- 8:30 a.m. to 6:00 p.m. (Mon-Fri)
- 9 a.m. to 1 p.m. (Sat)
- Closed (Sun & PH)

請交回 本院主座大樓、地下大堂詢問處
辦公時間：

- 星期一至五：上午八時卅分至下午六時
- 星期六：上午九時至下午一時
- 星期日及公眾假期：休息

By Post:
Pamela Youde Nethersole Eastern Hospital
2/F, Main Block, 3 Lok Man Road,
Chai Wan, Hong Kong.
(Attn: Release of Information Unit/ MRO)

郵寄：
東區尤德夫人那打素醫院
香港柴灣樂民道三號，
「醫療紀錄部 / 醫療信息發放組」

VI. Enquiry 查詢：

For enquiries, please contact Release of Information Unit at 2595 6787. Service hours: Monday – Friday (9am to 5pm), except public holidays. 如有查詢，請致電 2595 6787 聯絡醫療信息發放組，服務時間為星期一至星期五上午九時至下午五時，公眾假期除外。

The above detail will be subjected to amendment without prior notice
以上條文，本院得隨時修訂，不作另行通知

醫院管理局

MEDICAL REPORT AND PATIENT INFORMATION

醫療報告及病人資料申請表

For Official Use 只供院方填寫		MR _____ -- _____
Receipt no.:		Specialty/Type:
Received Date :		
Mode of Collection 領取報告/資料的方式		
☐ By registered mail 掛號郵件寄出		
☐ Collect in person 親自到取		

1. **Particulars of Patient** 病人資料:

2. Nature of Request 申請項目

- ☐ 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 病假期期
☐ 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 **Details of the Relevant Person** 有關人士詳情:

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 relevant person 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有關人士。

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。	

*- 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:
提交申請: ☐ 病人本人 ☐ 有關人士	
病人: 已核對 ☐ 其香港身份證/護照的正本/副本 或 ☐ 病人提交的號碼與醫管局資料庫所記相符	
有關人士: ☐ 已核對其香港身份證/護照正本 及 關係證明文件 ☐ 正本/副本 或 ☐ 不適用	