

Please adhere Patient label
PATIENT DETAILS

請用正楷填寫
TO BE COMPLETED IN BLOCK CAPITALS THROUGHOUT
SECTION 1 (Client's Details)

姓名 _____ 名 / 別名 _____
Surname as on I.D. Card: _____ Given Names: _____
婚前姓名 _____ 性別 _____ 出生日期 日 _____ 月 _____ 年 _____
Maiden Name: _____ Sex: _____ Date of Birth: (Day) _____ (Month) _____ (Year) _____
國籍 _____ 宗教 _____
Nationality: _____ Religion: _____
身份証號碼 / 出生証號碼 / 護照號碼 _____ 簽發國家及日期 _____
H.K.I.D. No. / Birth Cert. No. / Passport No.: _____ Date & Place of Issue: _____
病人職業 _____ 僱主 _____
Occupation: _____ Employer: _____
地址 _____
Home Address: _____
電郵 _____ 電話 手提及住宅 _____
Email Address _____ Tel No. (Mobile & Home) _____
緊急聯絡人 _____ 與病人關係 _____
Emergency Contact Person: _____ Relationships: _____
身份証號碼 / 護照號碼 _____ 緊急聯絡電話 _____
H.K.I.D.No. / Passport No.: (for non-resident only) _____ Emergency Contact No: _____
職業 _____ 僱主 _____
Occupation: _____ Employer: _____

病房等級 (請在格內剔選所須之項目)

- Private Room 私家房 Twin Room 雙人房 Standard Room 標準房 HDU 特別治療 ICU 深切治療 EHAU 健康檢查
 SCBU 特別嬰兒護理 Observation 觀察 VIP 貴賓 Serviced Apartment 設有室內服務住所
 Others 其他 _____

SECTION 2 (Method of Payment) (付款方法):

- Cash 現金 EPS 易辦事 Credit Card 信用卡 Insurance A/C 醫療保險 Corporate A/C 公司賬戶 Others 其他 _____

- (1) I understand that I will automatically be enrolled on a package if one is available. Any extra items or additional day not included in the package will be charged separately.
本人明白如有適用之套式計劃，本人將自動登記入該計劃內。套式計劃內不包括之額外項目及超出計劃內所包括之住院日數，將會額外收費。
- (2) I, the undersigned, accept full responsibility for the settlement of all expenses incurred by the patient.
本簽署人全權負責支付以上病人之一切費用。
- (3) I have read and agree to the terms and conditions detailed on the "Admission Information Sheet".
本人已閱讀及同意“住院需知守則”上的一切條款。
- We will periodically send you hospital and medical information. If you would like to receive such information, please tick the box.
 我們會為閣下定期寄上本院及醫療資訊。如閣下同意，請於方格內填上√號。

簽署 _____ 日期 _____
Signature: _____ Date: _____
如以上中文譯本與英文原本之文有異，應以英文為準。

HOSPITAL USE ONLY:
Deposit Paid \$ _____ with _____ Expiry Date: _____ Security Code: _____
Insurance/Corporate Name: _____ A/C No.: _____
Remarks: _____ Admitted by: _____

