

41 Mount Kellett Road, The Peak, Hong Kong  
Patient Service Centre (PSC) ☎ 2849 0111 ✉ [psc@matilda.org](mailto:psc@matilda.org)  
Operating Theatre (OT) ☎ 2849 1521 ✉ [otbooking@matilda.org](mailto:otbooking@matilda.org)

Medical Surgical (MS) ☎ 2849 1200 ✉ [mssp@matilda.org](mailto:mssp@matilda.org)  
Maternity (MAT) ☎ 2849 0321 ✉ [maternity@matilda.org](mailto:maternity@matilda.org)

### Client's Details

Surname as on I.D. Card 姓: \_\_\_\_\_ Given Name 名 / 別名: \_\_\_\_\_

Identification Document (I.D.) No. 身份證明文件號碼: \_\_\_\_\_

Date of Birth 出生日期: \_\_\_\_\_ (Day 日) \_\_\_\_\_ (Month 月) \_\_\_\_\_ (Year 年) Age 年齡: \_\_\_\_\_

Sex (on I.D. Card) 性別: \_\_\_\_\_ Gender Preference (optional) 首選性別 (選填): \_\_\_\_\_

Tel No. (Mobile) 手提電話: \_\_\_\_\_ Email 電郵: \_\_\_\_\_

### Procedural Information

Doctor / Surgeon: \_\_\_\_\_ Assist. Surgeon: \_\_\_\_\_

Anaesthetist: \_\_\_\_\_ Paediatrician: \_\_\_\_\_

Known Allergies:  No  Yes, please specify (with reaction) \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Treatment / Operation: \_\_\_\_\_

Anaesthesia: \_\_\_\_\_

### Doctor Orders

Investigation on Admission:		Doctor Name & Signature Date:
Premedication:		
Special Instrument, Equipment or Instructions:		
Maternity: Pediatrician attendance at delivery <input type="checkbox"/>		

Admission Date: \_\_\_\_\_ Time: \_\_\_\_\_ a.m. / p.m.

Operation Date: \_\_\_\_\_ Time: \_\_\_\_\_ a.m. / p.m.

Length of Stay: \_\_\_\_\_ Room:  Private  Semi-Private  Standard

**Infection Control** Isolation Precaution:  Standard  Droplet  Contact

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Admission VRE Screening  | <input type="checkbox"/> Admission MRSA Screening  | <input type="checkbox"/> Tuberculosis (TB)  |
| <ul style="list-style-type: none"> <li>History of admission (<b>stay of ≥6 hours or invasive procedure done</b>) in another hospital or healthcare institution in or outside Hong Kong within the last <b>3 months</b></li> <li>Having been a resident of a <b>long-term care facility</b> within the last <b>3 months</b></li> <li>History of confirmed VRE infection</li> </ul> | <ul style="list-style-type: none"> <li>History of admission to Intensive Care Unit within the last <b>3 months</b></li> <li>Known MRSA carrier, except when successful decolonisation</li> </ul> | <ul style="list-style-type: none"> <li>Screening for Suspected TB</li> <li><input type="checkbox"/> TB-PCR X 1</li> <li><input type="checkbox"/> AFB Smear X 2</li> </ul> |

All admitted patients with signs and symptoms of infection, or who are performing aerosol-generating procedures (e.g., nebulisers, BiPAP, and CPAP), with a risk of transmission, require isolation precautions and are admitted to a single-occupancy room with isolation charges. 所有入院患者若出現感染的徵狀或進行霧化程序 (例如霧化器、BiPAP 及 CPAP) 並具有傳染風險，均需要採取隔離措施，並安排入住單人房，同時收取隔離費用。

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### NOTICE TO PATIENTS 病人須知

**Please do not eat or drink \_\_\_\_\_ hours before your operation time.**

請在手術前\_\_\_\_\_小時禁食（不准進食及飲水）。

- Bring your Hong Kong Identity Card or Passport (birth certificate for patients under 12 years old). This is very important – the law forbids hospitals from offering medical treatment without proof of identity. 請帶備香港身份證或護照（12歲以下病人須帶出生證明書）。根據法例，如果無法出示身份證明文件，醫院不能提供醫療服務。
- Bring this Admission Booking Form. 請帶備此（入院登記表格）。
- Bring all test results and X-rays or scans. 請帶齊所有化驗報告、電腦斷層掃描及X光片。
- Bring a list of your medication(s) and their dosage. 請帶備藥物清單，列明藥名同劑量。
- Bring your medical benefits card or guarantee letter from the company if your employer or insurance company will bear part or all of your medical expenses. 如閣下的醫療費用由僱主或保險公司全數/部分支付，請帶備醫療福利卡或公司擔保信。
- If your employer or insurance company has not provided a guarantee letter for your medical expenses, a deposit of HK\$ 20,000 or 50% of the estimated total charges, whichever is higher. 如僱主或保險公司未能提供醫療費用擔保信，需繳付港幣 20,000 元定訂金，或估計總費用之 50%（以較高者為準）。
- Please go to the Admission Desk on the Ground Floor when you arrive at the Matilda International Hospital. 請抵達明德國際醫院後，前往地下大堂之入院登記部辦理手續。

### Insurance procedures before your admission 入院前保險程序：

- If you have medical insurance, please contact your insurance company before admission. Some insurance companies will only be responsible for payment with advance approval. 如閣下持有醫療保險，請於入院前聯絡所屬保險公司。部分保險公司須預先批核方會承擔相關醫療費用。

### Transportation 交通指引：

- Free parking is available. 本院提供免費泊車服務。
- Matilda International Hospital's complimentary shuttle bus leaves the area outside the City Hall at 40 minutes past every hour from 6:40 a.m. to 6:40 p.m. and leaves Matilda International Hospital at 10 minutes past every hour. 明德國際醫院免費穿梭巴士服務時刻表：市區往醫院方向 一上車地點：中環大會堂外指定候車區。發車時間：每日 6:40 至 18:40 期間，每小時 40 分發車。



### Please Note 請注意：

- Do not plan to drive yourself home following surgery or medical procedures. Please leave all your valuables at home. 手術或醫療程序後，切勿自行駕車。請將所有貴重物品留在家中。
- Check-out time is 11:30 a.m. When a No. 8 or higher typhoon signal, or black rain warning, is hoisted, please contact the hospital before you come, as only limited emergency services will be provided. 退房時間為上午 11 點 30 分。如懸掛 8 號或以上風球，或黑色暴雨警告生效，請先聯絡醫院再前來，因本院只會提供有限度緊急服務。
- **To enhance your admission process, register online before admission**  
為簡化入院手續，請預先於網上登記：[www.matilda.org](http://www.matilda.org)



### Infection Screening 感染篩查：

- Matilda International Hospital supports additional infection and contact control measures to reduce the risk of Multi-Resistant Staphylococcus Aureus (MRSA) and Vancomycin-Resistant Enterococci (VRE) in the hospital. 明德國際醫院實施加強感染控制措施，以降低院內耐藥性金黃葡萄球菌（MRSA）及耐萬古霉素腸球菌（VRE）的傳播風險。
- All patients pending hospital admission to the following units must take a pre-admission questionnaire to assess the MRSA and VRE risks by our staff – Day Case, Medical & Surgical (including admission of infants and children), and Maternity. 所有準備入住以下部門的病人，必須填寫入院前問卷，讓醫護人員評估 MRSA（耐藥性金黃葡萄球菌）及 VRE（耐萬古霉素腸球菌）的感染風險，適用範圍包括：日間病房、內科及外科（包括嬰幼兒入院）、以及產科。
- Tuberculosis (TB) screening may be required for patients suspected of having TB before admission. The validity period is within 3 months from the date of the TB PCR or AFB smear test. 本院或需要求懷疑感染肺結核病的患者進行肺結核（TB）檢查測試。其有效期為自 TB-PCR 或 TB-AFB 檢測日期起計不超過三個月。

### Isolation Precautions



### MDROs Screening



**For enquiries, please call Matilda International Hospital's Patient Service Centre at 2849 0111 or contact your doctor's clinic.** 如有查詢，請致電明德國際醫院病人服務中心 2849 0111 或聯繫你的主診醫生診所。

The original of this form will be filed as part of the hospital's medical records, and copies will be given to the patient and the doctor for reference. The estimated charges are for reference only. Final payments are subject to charges incurred from treatment, procedures, and services performed.  
本表格正本會存放在醫院的病人醫療記錄內，副本供病人和醫生參考。費用預算只供參考，最終收費視乎病人實際接受的治療、程序及服務而定。

Patient's Name 病人姓名:		(English 英文)	(Chinese 中文)
Hong Kong Identity Card / Passport Number 香港身份證 / 護照號碼:		Attending Doctor 主診醫生:	
Estimated Length of Stay 預計住院時間:	day(s) 日	Class of Ward 病房等級:	
Provisional Diagnosis 初步診斷:			
Treatment Procedure / Surgical Operation 治療程序/手術:			

**Estimated Doctor's Fees – Form A 預算醫生費用 — 表格 A (To be completed by doctor 由醫生填寫)**

Daily Doctor's Round Fee 每日醫生巡房費:	\$	X	day(s) 日
Surgical Fee 手術費:	\$		
Anaesthetist's Fee 麻醉科醫生費:	\$		
Other Specialists' Consultation Fee (Please Specify) 其他專科醫生診療費用 (請註明)	\$		
<b>Total 總計: \$</b>			

I have explained to the patient/ next-of-kin/ authorised person the details of the above-estimated charges and have sought their agreement.  
本人已向病人/ 親屬/ 獲授權人士解釋上述預算費用，並徵得其同意。

_____	_____	_____
Name of Doctor 醫生姓名	Signature of Doctor 醫生簽署	Date 日期

**Estimated Hospital Charges – Form B 預算醫院費用 — 表格 B (To be completed by the doctor based on the charges information provided by the hospital 由醫生根據醫院提供的收費資料填寫)**

Room 住宿	\$	X	day(s) 日
Operating Theatre and Associated Materials Charges (Remark 1) 手術室及相關物料費用 (備註 1)	\$		
Diagnostic Procedures 診斷程序:	\$		
Other Hospital Charges (Remark 2) 其他醫院收費 (備註 2)	\$		
<b>Total 總計: \$</b>			

**Patient's Signature 病人簽署**

I understand this budget estimate is not legally binding and is for reference only. Additional charges incurred due to complications or diseases diagnosed after admission are not covered. I agree that final payments are subject to charges for treatment, procedures, and services performed and should be made in accordance with the hospital invoice. 本人知悉服務預算費用並無法律效力，僅為參考，並不包括因併發症以及入院後發現的疾病所產生的額外費用。本人同意最終收費視乎病人實際接受的治療、程序及服務而定，並以醫院帳單所列為準。

_____	_____	_____
Name of Patient / Next-of-kin / Authorised Person 病人 / 親屬 / 獲授權人士姓名	Signature of Patient / Next-of-kin / Authorised Person 病人 / 親屬 / 獲授權人士簽署	Date 日期

**Remarks 備註:**  
1. The figures listed are derived from statistics of actual discharge bills of relevant patients who underwent similar treatment in our hospital last year, and the preliminary treatment items chosen by the doctor. Doctors' management of the same illness (e.g., choice of procedures, drugs, and consumables) may differ. 表格內列出醫院費用預算的數字，是根據去年度本院接受同類治療的相關病人出院帳單的實際費用統計及醫生初步選擇的治療項目估算所得。每位醫生處理同樣病症的方法可能會有差異(例如療程選擇、藥物處方、使用物料等)。  
2. "Other Hospital Charges" is a rough estimate of the total charges, including nursing care, consumables, drugs, laboratory tests, investigations, diagnostic procedures, and other non-Operating Theatre-related charges. 「其他醫院收費」是對總費用的粗略估計，包括護理、消耗品、藥物、化驗、檢查、診斷程序及其他非手術室相關費用。  
For our hospital's charges, please refer to our webpage: <https://www.matilda.org> 本院的收費請參考網頁 <https://www.matilda.org>

**HKSAR Government Price Transparency Initiative List of Operations/Procedures for the Provision of Budget Estimates**  
**香港特別行政區政府倡議價格透明度列出以下的手術/程序預算清單**

1. Breast lump excision 乳房腫塊切除	9. Colposcopy 陰道鏡檢查	15. Haemorrhoidectomy 痔瘡切除術	23. Open reduction and internal fixation of various fractures 各種骨折開放復位和內固定
2. Bronchoscopy with or without biopsy 支氣管鏡檢查 (帶或不帶活檢)	10. Cystoscopy with or without biopsy 膀胱鏡檢查 (帶或不帶活檢)	16. Hernia repair 疝氣修補	24. Ovarian cystectomy 卵巢囊腫切除術
3. Caesarean section 剖腹分娩	11. Dilatation and curettage 子宮內膜刮除術	17. Herniotomy 疝氣切開術	25. Phacoemulsification and intraocular lens implantation 超聲乳化和人工晶體植
4. Carpal tunnel release 腕管釋放術	12. Direct laryngoscopy with or without vocal cord polyp biopsy 直視喉鏡檢查 (帶或不帶聲帶息肉活檢)	18. Hysterectomy 子宮切除術	26. Spine fusion 脊柱融合手術
5. Cholecystectomy 膽囊切除術	13. Gastroscopy and colonoscopy with or without polypectomy 胃鏡和結腸鏡檢查 (帶或不帶息肉切除)	19. Knee arthroscopy 膝關節鏡檢查	27. Thyroidectomy 甲狀腺切除術
6. Circumcision 包皮環切術	14. Gastroscopy with or without polypectomy 胃鏡檢查 (帶或不帶息肉切除)	20. Laminectomy 腰椎椎板切除術	28. Tonsillectomy 扁桃體切除術
7. Colectomy 結腸切除術		21. LASIK 近視雷射手術	29. Trigger finger release 扳機手指釋放術
8. Colonoscopy with or without polypectomy 結腸鏡檢查 (帶或不帶息肉切除)		22. Micro-laryngoscopy 微型喉鏡檢查	30. Vaginal delivery 陰道分娩