

## 醫生聲明<sup>1</sup>

### DECLARATION FORM FOR DOCTORS NOT EMPLOYED BY HOSPITAL IF THE DOCTOR DOES NOT WISH TO DISCLOSE HIS FEES TO THE HOSPITAL

<sup>1</sup> 如若醫生不願在醫療費用預計表中公開其收費明細，則必須填寫及簽署此聲明。

本聲明一式兩份，正本由入院登記人員存放於病人醫療記錄內，副本須提供給病人以作參考。  
To be completed by primary/admitting doctor. A copy of this form must be given to the hospital admission staff to be kept in the hospital's patient medical records.

\* 請刪除不適用的項目 Please delete inappropriate item(s)

姓名 (中文)

姓名 (英文)

\* 身份證號碼 / 護照號碼

Name in Chinese: \_\_\_\_\_

Name in English: \_\_\_\_\_

\* HKID / Passport No.: \_\_\_\_\_

初步病情診斷 Provisional Diagnosis \_\_\_\_\_

預計住院時間 Estimated Length of Stay: \_\_\_\_\_

\* 小時 Hour(s) / 日 Day(s)

病房級別 Class of bed : \_\_\_\_\_

手術類型 Procedure / Surgical Operation: \_\_\_\_\_

### 醫生聲明 / Declaration

本人已向病人或其親屬(姓名: \_\_\_\_\_)提供相關之醫生費用等的預計數目，包括於預期服務中需牽涉其他醫生所收取之費用。本聲明一式兩份，正本存放於病人醫療記錄內，副本已提供給病人以作參考。

I certify that the above patient/patient's next-of-kin (Name: \_\_\_\_\_) has been provided with information on the estimated doctors' fees, including those for anticipated services provided by other doctors in a financial counselling form. A copy of the financial counselling form has been given to the patient and a copy is kept in my clinic's patient medical records.

\_\_\_\_\_  
醫生姓名

Name of Doctor

(請用正楷填寫 Name in BLOCK letter)

\_\_\_\_\_  
醫生簽署

Signature of Doctor

\_\_\_\_\_  
日期

Date