

醫生聲明¹

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

¹ 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)
Name in Chinese:

姓名 (英文)
Name in English:

* 身份證號碼 / 護照號碼
* 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

醫生簽署

Signature of Doctor

日期

Date

(請用正楷填寫 Name in BLOCK letter)