

#3

仁安醫院 UNION HOSPITAL

牙科服務

Dental Service

報價單 Quotation

CONFIDENTIAL

Please use ID Label or Block Print

SURNAME			UNIT RECORD NO.
GIVEN NAME			CHINESE NAME
SEX	AGE	WARD	ADMITTED DATE & TIME
ATTN. DOCTOR			
CONSULT. DOCTOR			

口腔治療 Oral Treatment		數量 Qty	費用 Fee
1.	診症及口腔檢查 Consultation and Check up		
2.	X-光檢查 X-ray Examination		
3.	洗牙 Scaling and Prophylaxis		
4.	牙周治療 Periodontal Treatment		
5.	補牙 Filling	(銀粉) Amalgam	
		(瓷粉) Composite	
		(主幹核心) Core	
		(其他) Others	
6.	牙冠 Crown	(瓷面合金牙冠) Ceramic Metal Crown	
		(全瓷) Full Porcelain	
		(全金) Full Gold	
		(牙橋) Bridge	
		(牙柱) Post	
		(其他) Others	
7.	乳齒 Deciduous Teeth	(脫牙) Extraction	
		(補牙) Filling	
		(其他) Others	
8.	脫牙 Extraction		
9.	牙托 Denture	(合金) Co-Cr	
		(膠牙托) Acrylic	
		(臨時牙托) Transitional	
		(全口牙托) Complete Denture	
		(其他) Others	
10.	漂牙 Bleaching		
11.	小型口腔手術 Minor Oral Surgery	(牙科醫生) Dental Surgeon	
		(專科醫生) Specialist	
12.	牙髓治療 Endodontic	(牙科醫生) Dental Surgeon	
		(專科醫生) Specialist	
13.	矯齒 Orthodontic		
14.	種牙 Implant		
15.	其他 Others		
16.	附註 Remarks :		

以上預算之費用及治療之有效期為_____個月只供參考之用。治療過程中如有需要，治療的方法及費用有可能會視乎情況而修訂。

The proposed treatment plan and the estimated cost are valid for _____ months and only for reference. They are subject to change depending on individual situation.

病人簽署

Signature of Patient : _____

見證人簽署

Signature of Witness: _____

醫生簽署

Signature of Attending Doctor: _____

Date

日期: _____

Quotation

OFC-004-11-331(R5)