

仁安醫院 UNION HOSPITAL

CONFIDENTIAL

整形及美容療程報價單

Plastic & Aesthetic Service Quotation

Please Used ID Label or Block Print

Surname		Unit Record No.	
Given Name		Chinese Name	
Sex	Age	Ward	Admitted Date & Time
Attn. Doctor Consult. Doctor			

I) 皮膚治療 Skin Treatment:

治療程序 Treatment Procedure	部位 Region	治療次數 No. of Treatment Session	收費 Charge 港幣 HK\$	套餐有效期 Package Valid Period (月 month)	備註 Remarks
果酸換膚 Chemical Peel					
激光去斑 C6 Laser					
二氧化碳激光 CO2 Laser					
彩光治療 IPL					
飛點激光 Palomar Laser					
醫學微波緊膚 Tenor					
激光脫毛 Apogee Elite					
單極射頻 Thermage					
脈衝染料激光 Vstar Laser					

II) 手術治療 Surgical Procedure: * 請刪除不適用句子 Delete if inappropriate

手術名稱 Operation Name: _____

麻醉方法: *全身麻醉/脊髓麻醉/局部麻醉/監控麻醉/靜脈注射/其他

Anaesthesia: *GA / SA / LA / MAC / IV Sedation / Others: _____

預計手術時間 小時 分鐘
Estimate Operation Time: _____ hour _____ minutes

項目 Item	費用 Fee	備註 Remarks:
醫生手術費 Surgeon Fee:		
麻醉醫生費 Anaesthetist Fee:		
醫院手術費 Hospital Charges:		
其他 Others:		
合共 Total:		

Remarks:

- 以上報價為治療或手術之最低消費，並不包括病房房租、住院期間之費用、手術後之覆診、治療藥物及其他產品。報價僅供客人參考，日後如有更改，恕不另行通知。
The above prices are based on the minimum charge of treatment or operation, which do not include the room charge, hospitalization charge, follow-up, medication and other products after the operation. Prices are quoted for client reference only and may change without prior notice.
- 醫生手術費用會因應手術之物質、複雜性及時間等因素而有所調整，因此實際費用可能會較總額多出或少於20%。(如適用)
Surgical Fee would be adjusted in accordance with the materials, case complexity and operation time etc. Therefore, the surgical fee may be charged for more or less than 20% of the total amount actually. (If appropriate)
- 非住院客人需於療程當日先繳交港幣\$3,000 按金。Deposit on the day of the procedure for Non Admission Patient is HK\$3,000.
- 接受塑顏雅治療客人需預先繳交港幣\$_____按金。如需改期或取消療程，請在檢查前最少四個工作天通知本中心職員(電話 2608 3211)，否則所付按金概不退還。
A deposit of HK\$_____ is required for clients scheduled to receive Sculptra injections. Any rescheduling or cancellations must be made at least 4 business days in advanced; otherwise the deposit will not be refunded. Please contact our centre (Tel. No. 2608 3211) with any enquiries.
- 以上預算之報價有效期為1個月只供參考之用。治療過程之中如有需要，治療的方法及費用有可能會視乎情況而修訂。
The proposed treatment plan and quotation is valid for one month and for reference only. This is subject to change depending on individual situations.

病人簽署
Signature of Patient: _____

姓名
Name: _____
(請以正楷填寫 Name in BLOCK LETTER)

見證人簽署
Signature of Witness: _____

姓名
Name: _____
(請以正楷填寫 Name in BLOCK LETTER)

日期 Date: _____