

仁安醫院
UNION HOSPITAL
分科診所醫療程序收費通知
Polyclinic Charges Reminder

CONFIDENTIAL

Patient Label

I. 醫療程序 Treatment Procedure

醫療程序 Treatment Procedure	醫生費 Surgeon Fee	診所收費 Polyclinic Charges	化驗費 Pathology Fee	總收費 (± 20%) Total (± 20%)	備註 Remarks
放置子宮環 Insertion of IUCD					
子宮內膜抽取術 Endometrial Aspiration					
鼻咽喉內視鏡檢查 Flexible Rhinolaryngoscopy					
耳/鼻的簡單吸引術 Simple Suction					
痔瘡結紮 Banding of Haemorrhoid					
眼囊腫之切開放濱術 Incision & Curettage for Chalazion					
移除眼內異物 Removal of Foreign Body from Eye					
石膏固定 POP					
石膏拆除 OFF POP					
冷凍治療 Cryotherapy					
切除術 Excision					
異物取出 Removal of Foreign Body					

II. 手術 Operation

手術名稱：
Operation Name: _____ 估計之手術時間：
Estimated OT Duration: _____ 小時 _____ 分鐘
hr _____ mins

麻醉方法：
Anesthesia: _____ 局部麻醉 / 靜脈注射鎮靜劑 / 其他
Local Anaesthesia / Intravenous Sedation / Others: _____

手術收費： Total Amount of OT Charges:	醫生費 Surgeon Fee	診所收費 Polyclinic Charges	化驗費 Pathology Fee	總收費 (± 20%) Total (± 20%)	備註 Remarks

III. 備註 Remarks

- 以上報價為治療或手術之最低消費，並不包括診症費、手術後之覆診及治療藥物。報價僅供客人參考，日後如有更改，恕不另行通知，並只適用於本分科診所。
The above prices are based on the minimum charge of treatment or operation, which do not include the consultation, follow-up and medication after the operation. Prices are quoted for client reference only and may change without prior notice. The charges is only applicable in this Polyclinic.
- 手術費用會因應手術之物資、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少於或多出20%。
The charges for operation would be adjusted in accordance with the materials, case complexity and operation time etc. Therefore, it may be charged for more or less than 20% of the estimated amount.

Informé patient by: _____ Date: _____ / _____ / _____ Time: _____ : _____

IV. 本人明白及接受以上之收費 I fully understand and agree the above charges

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: _____ / _____ / _____