

Patient Name: _____
 HKID: _____ Sex: M / F Age: _____
 DOB: _____ Patient No.: _____
 Dr.: _____ Room/Bed: _____

ADMISSION LETTER

Date & Time of Admission: _____

Room category: Private (1st class) Semi-private (2nd class) General (3rd class)
 Specialty: Surgical Medical General Ward Paediatric
 For Day-bed: Private Semi-private General Day Case (Out-patient)

Full Name of Patient: _____ (BLOCK letters) Date of Birth: _____

Sex: F / M HKID / Passport No.: _____ Tel./ Mobile No.: _____

Provisional Diagnosis: _____

Attending Doctor: _____ (BLOCK letters) Tel./ Mobile No.: _____

Past Medical History:

Known Allergy: _____

Current Medications: Antihypertensive: _____
 Oral hypoglycaemic agents / Insulin: _____
 Anticoagulants / Antiplatelets: _____
 Steroids: _____
 Others: _____

Risks: Bleeding Fall Pressure ulcer Others: _____

Advance Directive: No Yes → bring a copy and give it to ward nurse

Doctor's Order:

* Type & Screen is required for Major Operation/
 Procedure according to Hospital protocol

Doctor Signature: _____

Operation / Procedure / Endoscopy scheduled:

Anaesthesia / Sedation: _____ OT Date & Time: _____

Anaesthetist: _____ (BLOCK letters) Tel./ Mobile No.: _____

Patient's Insurance Coverage (Please specify insurance company & plan where applicable):

Estimated Doctor's Fees 預算醫生費用 (To be completed by doctor 由醫生填寫)		
Daily Doctor's Round Fee 每日醫生巡房費：	\$	X _____ day(s) 日
Surgical Fee 手術費：	\$	
Anaesthetist's Fee 麻醉科醫生費：	\$	
Other Specialists' Consultation Fee (Please Specify) 其他專科醫生診療費用 (請註明)：	\$	
Other Items and Charges 其他項目及收費：	\$	
Total 總計：	\$	

I have explained to the patient / next-of-kin / authorized person details of the above estimated charges and have sought his / her agreement. 本人已向病人 / 親屬 / 獲授權人士解釋上述預算費用，並徵得其同意。

Name of Doctor 醫生姓名

Signature of Doctor 醫生簽署

Date 日期

DISCLAIMER 免責聲明

I understand that this budget estimate is not legally binding and is for reference only. Additional charges incurred from complications and from disease diagnosed after admission are not covered. I agree that final payments are subject to charges incurred from treatment, procedures and services performed and should be made in accordance with hospital invoice.

本人知悉服務預算費用並無法律效力，僅為參考，並不包括因併發症以及入院後發現的疾病所產生的額外費用。本人同意最終收費視乎病人實際接受的治療、程序及服務而定，並以醫院帳單所列為準。

Name of patient / next-of-kin / authorized person
病人 / 親屬 / 獲授權人士姓名

Signature of Patient / next-of-kin / authorized person
病人 / 親屬 / 獲授權人士簽署

Relationship 關係

Date 日期

***** Please remind patient to bring HKID Card / Birth Certificate / Passport AND Deposit *****

請通知病人入院時需攜帶身份證明文件 / 出生證明文件 / 護照 及 按金