



Alice Ho Miu Ling Nethersole Hospital
雅麗氏何妙齡那打素醫院

Deceased Patient's Medical Records Application Form
親屬申請死者的醫療記錄表格

Except with the consent of the individual concerned, the personal data collected in this Form will be used for the purpose of processing this application and other directly related purposes only.

除獲有關個人的同意外，本表格收集的個人資料只可用於處理此項申請及其他與之直接有關的目的。

1. Particulars of Deceased 死者資料

Name: _____ (English) _____ (Chinese)
姓名 (英文) (中文)

Gender: Male Female Date of Birth: _____
性別 男 女 出生日期

ID Document No.: _____ Nature of ID Document: _____
身份證明文件號碼 身份證明文件類別

- (i) Please produce in person the original or provide a true copy of the deceased's ID document and Death Certificate. 請親身出示死者的身份證明文件及死亡證明書正本或提交真確副本。
- (ii) Please also provide a copy of the deceased's Birth Certificate if deceased is under 18 years of age. 如死者年齡未滿十八歲，請附上其出生證明書副本。

2. Detail of Data Under Request 索取資料詳情

Period: From _____ To _____
期間 由 至

Specialty: _____
專科

Medical Records: Hospitalisation Records X-Ray Report Discharge Summary
醫療紀錄 住院紀錄 X光報告 出院總結

Consultation Records CT Report Laboratory Reports
覆診紀錄 電腦掃描報告 化驗紀錄

A&E Attendance Records MRI Report
急症紀錄 磁力共振掃描報告

Radiological Investigation Images: X-Ray CT Scan MRI Scan
放射診斷造影影像 X光片 電腦掃描 磁力共振掃描

Other (please specify): _____
其他資料 (請註明)

Purpose: _____
用途

3. Particulars of Applicant 申請人資料

Name: _____ (English) _____ (Chinese)
姓名 (英文) (中文)

ID Document No.: _____ Relationship with Deceased: _____
身份證明文件號碼 與死者關係

Address: _____
地址

Tel No.: _____
電話號碼

- i) Please produce in person the original or provide a true copy of the ID document of the Applicant.
請親身出示申請人的身份證明文件正本或提交真確副本。
- ii) Please also provide a true copy of the documentary evidence to support the relationship between the Applicant and the Deceased.
請一併附上能證明申請人與死者之間關係的證件真確副本。

4. Declaration 聲明

I, the Applicant, declare as follow (Please tick the appropriate box)

本人(申請)現聲明如下：(請在適當空格上加上「✓」號)

- I have applied for or I have been appointed by the Court as the personal representative or one of the personal representatives to administer the Deceased's estate. The true copy of the letter of Administration issued by Court is enclosed for reference.

本人已經向法院申請或已經被法庭委任為死者的唯一或其中一位遺產代理人，管理死者遺產。現夾附由法庭發出的「遺產管理書」之真確副本以作參考。

- I am entitled to be the personal representative of the Deceased or I can act for and on behalf of all persons who may be entitled to apply for the administration of the Deceased's estate.

本人有權申請成為死者的遺產代理人或本人可作為及代表所有有權申請承辦死者的遺產的人士。

Signature of Applicant: _____
申請人簽署

Date: _____
日期



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Medical Records / Medical Report – Scale of Fees
醫療紀錄/醫療報告收費表

I. Medical Records

For supplying a copy of the medical records under request, processing fee and reproduction charges are payable:

Processing Fee	:	HK\$76 per request (inclusive of reproduction charge for not more than 10 pages and postage)
Reproduction charge for the 11 th page and onward	:	HK\$1 per page
Reproduction charge for ECG, EEG or X-ray Film etc.	:	HK\$230 per modality per disc HK\$230 per film

醫療紀錄

要求獲得所需的醫療紀錄複本。需繳付處理費及複製費：

處理費	:	每次港幣76元 (已包含不多於十頁的複製費及郵費)
第十一頁及以後頁數的複製費	:	每頁港幣1元
X光片、電腦掃描片、腦電圖等複製費	:	每種造影每張光碟港幣230元 每張底片港幣230元

II. Medical Report

According to the policy of Hospital Authority, HK\$895 will be levied for each specialty of medical report. A maximum of HK\$3580 will be charged for each hospitalisation.

醫療報告

根據醫院管理局指引，每個專科之醫療報告收費為港幣\$895。每次住院之醫療報告最高收費為\$3580。