

**Deceased Patient's Medical Information Application Form****親屬申請死者的醫療資料表格**

The personal data collected from this form will be used by the Hospital Authority ("HA"), including public hospitals / institutions managed by HA, for the purposes of processing and responding to this application. When you provide the personal data to us, please make sure that the data is accurate and complete. If you fail to provide us with the information required or if the information provided is inaccurate or incomplete, our ability to process your application may be affected and your application may therefore be delayed or declined. 醫院管理局 (下稱「醫管局」), 包括由醫管局管理的公立醫院 / 醫療機構, 會把表格所收集的個人資料, 作為處理及回覆本申請之用。當你提供個人資料給我們時, 請確保資料準確和完整。如你未能提供所需的資料, 或資料不準確或不完整, 我們處理是次申請的能力或會受影響, 而是次申請或因此延誤或被拒絕。

Please also note that your personal data collected may be made available to: (i) appropriate persons in the HA, for the purposes of processing and responding to your application; and (ii) third parties where such disclosure is permitted or required by law or is in the public interest. We will obtain your consent before using your personal data for any other purposes. 請留意你的個人資料可能會提供予: (i) 醫管局內的適當人士, 以處理及回覆本申請之目的及(ii) 在法律容許或要求的情況下或出於公共利益的情況下的第三方。我們將會在得到你的同意後, 才使用你的個人資料作為其他目的。

Please read the "Information Sheet for Deceased Patient's Medical Information Application" **BEFORE** complete this application form. 請先閱讀「親屬申請死者的醫療資料須知」才填寫申請表。

**1. Particulars of the Deceased 死者資料:**

- (a) Name (English 英文) (Chinese 中文)  
姓名
- Surname 姓氏 Forename 名字
- (b) Sex  Male 男性 (c) Age  Under 18 years of age 未滿十八歲  
性別  Female 女性 年齡  18 years of age or over 十八歲或以上
- (d) # \* HKID Card No. / Passport No.  
香港身份證號碼 / 護照號碼

# Please produce in person the original or provide a true copy of the Deceased's identity document and Death Certificate. Please attach a copy of the Deceased's birth certificate if under 18 years of age.

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。如死者年齡未滿十八歲, 請附上其出生證明書副本。

**2. Nature of Application 申請性質:**

Further information may be required to enable us to identify and/or locate the Requested Information. Please specify clearly and in detail the Requested Information. Too general a description of the Requested Information such as "all of the deceased's information" may render the request being refused if we are not supplied with such information as we may reasonably require to locate the Requested Information. 你可能需要提供更多資料以便本局識別和 / 或查找你的要求資料。請清楚和詳細指明你的要求資料, 如要求資料的描述太籠統, 例如: 「所有死者的資料」, 本局可拒絕你的要求, 因為本局不獲提供為找出要求資料而合理地要求的資訊。

**(a) For the Period 期間:**

From 由: \_\_\_\_\_ To 至: \_\_\_\_\_

**(b) Specialty 專科:**

- Medicine 內科  Orthopaedics & Traumatology 矯形及創傷(骨)科  
 Others, please specify 其他 (請列明): \_\_\_\_\_

**(c) Nature of Request 申請項目:**

<u>Copy of Medical Records</u> 醫療紀錄複本	<u>Medical Report / Form / Information</u> 醫療報告 / 表格 / 資料
<input type="checkbox"/> Discharge Summary 出院撮要	<input type="checkbox"/> Medical Report 醫療報告
<input type="checkbox"/> In-patient Record 住院紀錄	<input type="checkbox"/> Insurance Claim Form 保險賠償表格
<input type="checkbox"/> Specialist Out-patient Record 專科門診紀錄	<input type="checkbox"/> Others, please specify 其他 (請列明):
<input type="checkbox"/> Laboratory Report 化驗報告	_____
<input type="checkbox"/> Imaging Investigation Report 影像檢查報告	_____
<input type="checkbox"/> Others, please specify 其他 (請列明):	_____
_____	_____
_____	_____

**(d) Purpose(s)用途:**

- Insurance Claim 申索保險賠償  Employee Compensation Claims 申索工傷賠償  
 Legal Proceedings, please specify 法律申訴程序用途, 請註明: \_\_\_\_\_  
 Others, please specify 其他 (請註明): \_\_\_\_\_

### 3. Particulars of Applicant 申請人資料：

(a) Name 姓名 (English 英文)

(Chinese 中文)

Surname 姓氏

Forename 名字

(b) Sex  
性別

Male 男性  
 Female 女性

(c) # Relationship with Deceased  
與死者關係

(d) #\*HKID Card No./ Passport No.  
香港身份證號碼 / 護照號碼

(e) Address  
地址

(f) Daytime Telephone No.  
日間聯絡電話號碼

(g) Any Other Contact No.  
其他聯絡電話號碼

# Please produce in person the original or provide a true copy of the identity document of the Applicant and also attach a true copy of the documentary evidence to support the relationship between the Applicant and the Deceased.

請親身出示申請人的身份證明文件正本或提交真確副本，並一併附上能證明申請人與死者之間關係的證件真確副本。

**Please indicate the capacity in which you are applying for the Deceased's Medical Information:-**  
**請註明你以何種身份申請死者的醫療資料**

<b>With a Personal Representative<sup>1</sup></b> <b>適用於有遺產代理人<sup>1</sup></b>	
<input type="checkbox"/>	<p>I am an <b>executor with grant of probate</b>. 本人是<b>遺囑執行人</b> (獲授予遺囑認證書)。</p> <p>➤ Please attach (i) a copy of the grant of probate <b>AND</b> (ii) the original written consent by the executor named in the grant of probate. 請附上 (i) 遺囑認證授予書副本 <b>以及</b> (ii) 該遺囑認證授予書所指定的遺囑執行人的書面同意正本。</p>
<input type="checkbox"/>	<p>I am appointed as an <b>administrator by letters of administration</b>. 本人獲<b>遺產管理書委任為遺產管理人</b>。</p> <p>➤ Please attach (i) copy of the letters of administration <b>AND</b> (ii) the original written consent by the administrator named in such letters of administration. 請附上 (i) 遺產管理書副本 <b>以及</b> (ii) 該管理書指定為遺產管理人的書面同意正本。</p>
<input type="checkbox"/>	<p>I am an <b>executor appointed by the deceased's last valid will</b> but without grant of probate. 本人是死者<b>最後有效遺囑委任之遺囑執行人</b> (無授予遺囑認證書)</p> <p>➤ Please attach (i) a copy of all relevant paragraphs of the last valid will of the Deceased showing that an executor is appointed under that will <b>AND</b> (ii) the original written consent by the executor so appointed <b>AND</b> (iii) your written confirmation that the copy provided is of the Deceased's last valid will and, to the best of your knowledge, there is no dispute regarding the appointment of that executor. 請附上 (i) 死者的最後有效遺囑所有相關段落的副本以顯示該遺囑委任了遺囑執行人，<b>以及</b> (ii) 該遺囑執行人的書面同意正本，<b>並</b>附上 (iii) 你的書面確認，證明所提供的副本為死者的最後有效遺囑，且據你的認知，對於該遺囑執行人的委任不存在任何爭議。</p> <p><b>Written Confirmation 書面確認</b></p> <p><input type="checkbox"/> I hereby confirm that the copy provided is of the Deceased's last valid will and, to the best of my knowledge, there is no dispute regarding the appointment of that executor. 本人特此確認本人提供的副本為死者的最後有效遺囑，且據我的認知，對於該遺囑執行人的委任不存在任何爭議。</p>

<sup>1</sup> Personal Representative means a person who is (i) recognised as an executor by a grant of probate; (ii) appointed as an executor under the deceased patient's last valid will but not yet recognised by a grant of probate; or (iii) appointed as an administrator by letters of administration.

遺產代理人是指 (i) 被遺囑認證授予書認可為遺囑執行人的人；(ii) 依已故病人的最後有效遺囑被委任為遺囑執行人，但尚未授予遺囑認證的人；或 (iii) 透過遺產管理書委任為遺產管理人的人。

**Without a Personal Representative****適用於沒有遺產代理人**

<input type="checkbox"/>	<p>I am a <b>direct relative</b><sup>2</sup> of the Deceased who has a beneficial interest in the estate of the Deceased, and I have applied or intend to apply to the court to be appointed as administrator of the Deceased's estate.</p> <p>本人是死者的<b>直系親屬</b><sup>2</sup>，對死者遺產有實益權益，並已向法院申請或打算向法院申請成為死者的遺產管理人。</p> <p>➤ <u>Please provide (i) to (ii) below 請提供下列 (i) 至 (ii) 項:-</u></p> <p>(i) your written consent to the disclosure; <b>AND</b> 你就相關披露的書面同意；<b>及</b></p> <p>(ii) a written confirmation made by you in the form as set out in <u>Annex I</u>. 你按（附件一）形式所作出的書面確認。</p>
<input type="checkbox"/>	<p>I am <b>not</b> a direct relative<sup>2</sup> of the Deceased but another person who is direct relative of the Deceased, and has a beneficial interest in the estate of the Deceased, has applied or intends to apply to the court to be appointed as administrator of the Deceased's estate</p> <p>本人<b>不是</b>死者的直系親屬<sup>2</sup>，然而另一名死者的直系親屬，對死者遺產有實益權益（下稱「該名人士」），且該名人士已向法院申請或打算向法院申請成為死者的遺產管理人</p> <p>➤ <u>Please provide (i) to (iv) below 請提供下列 (i) 至 (iv) 項:-</u></p> <p>(i) a written consent by the direct relative to the disclosure; 死者直系親屬就相關披露的書面同意；</p> <p>(ii) a written confirmation made by the direct relative in the form as set out in <u>Annex I</u>; 死者直系親屬按（附件一）形式所作出的書面確認；</p> <p>(iii) produce in person the original or provide a true copy of the identity document of the direct relative; <b>AND</b> 親自出示其直系親屬的身份證明文件正本或提交真確副本；<b>以及</b></p> <p>(iv) a copy of the documentary evidence to support the relationship between the direct relative and the Deceased. 可證明死者與其直系親屬關係的文件副本。</p>
<input type="checkbox"/>	<p><b>None of the above.</b> 以上皆不是</p> <p>➤ <u>Please provide (i) to (iv) below 請提供下列 (i) 至 (iv) 項:-</u></p> <p>(i) written consents to the disclosure from every person who could potentially be involved in a dispute regarding the Deceased's estate, which should include 每位可能涉及死者遺產爭議人士就相關披露的書面同意，該類人士應包括：</p> <ul style="list-style-type: none"> <li>• every direct relative of the Deceased; 死者的每一位直系親屬；</li> <li>• any other person who is appointed in the Deceased's will as an executor, or otherwise claims to be so appointed; <b>AND</b> 任何在死者的遺囑中被委任為遺囑執行人或以其他方式聲稱被委任為遺囑執行人的人士；<b>以及</b></li> <li>• any other person who has applied or intends to apply to court to be appointed as administrator of the Deceased's estate. 任何已申請或打算申請成為死者遺產管理人的人士</li> </ul> <p>(ii) a written confirmation that, to the best of the knowledge of the Applicant, there is no other person in the above categories whose consent has not been obtained; 盡申請人所知，並沒有未向上述類別人士徵求其同意的書面確認</p> <p>(iii) the original or provide a true copy of the identity document of each of the persons under item (i) ; <b>AND</b> 親自出示項目 (i) 各人的身份證明文件正本或提交真確副本；<b>以及</b></p> <p>(iv) a copy of the documentary evidence to support the relationship between each of the persons under item (i) and the Deceased. 可證明死者與項目 (i) 各人關係的文件副本。</p> <p><b>Written Confirmation 書面確認</b></p> <p><input type="checkbox"/> I hereby confirm that there is no other person in the above categories of item (i) whose consent has not been obtained. 本人特此確認並沒有未向上述(i)項類別人士徵求其同意的書面確認。</p>

<sup>2</sup> Including the following which is set out in descending order of priority in terms of being appointed as administrator: (i) the surviving spouse, (ii) children (or, if applicable, children of any child of the Deceased who died before the Deceased), (iii) parents, (iv) siblings (or, if applicable, children of any sibling of the Deceased who died before the Deceased), (v) grandparents, (vi) uncles and aunts (or, if applicable, children of any uncle or aunt of the Deceased who died before the Deceased) of the Deceased.

包括以下人士，按其獲委任為遺產管理人的優先次序由高至低排列：(i) 尚存配偶，(ii) 子女（或死者去世之前的任何已故子女之子女，如適用），(iii) 父母，(iv) 兄弟姊妹（或死者的任何已故兄弟姊妹之子女，如適用），(v) 叔伯舅父及姑媽姨媽（或死者去世之前的任何已故叔伯舅父及姑媽姨媽之子女，如適用）。

## Supplementary Information 補充事項：

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#### 4. Mode of Collection 領取所要求項目的方式：

Please select one of the following choices for collecting of the requested item(s):

請選擇以下一項領取所要求項目的方式：

- |                          |   |
|--------------------------|---|
| <input type="checkbox"/> | Receive the requested item(s) <b>by registered mail</b> .<br><b>以掛號郵件</b> 收取所要求項目。  |
| <input type="checkbox"/> | Collect the requested item(s) <b>in person</b> . Please inform me when the item(s) is / are ready for collection.<br><b>親自領取</b> 所要求項目，請在可以領取時通知本人。 |

- (1) *If the Applicant fails to indicate the mode of collection, the requested item(s) will be sent to the Applicant by registered mail.*  
如果申請人沒有指示領取所要求項目的方式，所要求項目會以掛號郵件寄遞給申請人。
- (2) *If Applicant receives his requested item(s) by registered mail, no extra charge would be levied. Otherwise, a corresponding charge for the requested mode of delivery may be levied.*  
如果申請人以掛號郵件接收所要求項目，則不會產生額外費用。否則，前述機構或會根據所指示領取所要求項目的方式收取相應費用。
- (3) *The requested item(s) will be sent to the Applicant by registered mail if the Applicant does not collect it within 3 months after the Applicant is informed that the requested item(s) is ready for collection.*  
若申請人於被通知可以領取所要求項目後的三個月內，沒有領取所要求項目，所要求項目會以掛號郵件送遞申請人。
- (4) *If the requested item(s) sent is undelivered and returned, the hospital will dispose of it 3 months after it is returned without any further notice to the Applicant.*  
所要求項目因未能寄遞而被退回，醫院會於退回郵件的三個月後，銷毀有關所要求項目，無須事前另行通知申請人。
- (5) *The institution will not assume responsibility for any unexpected circumstance arise during or after the delivery process. If due to unexpected circumstance the requested item(s) is not delivered to the Applicant but the Applicant still wish to obtain the requested item(s), he / she may be required to submit a fresh request and any appropriate payment should be paid.*  
前述機構對運送過程中或後發生的任何意外不承擔責任。若因意外導致未能寄遞至申請人而其仍希望獲取所要求項目，或需要重新申請並繳付有關費用。

#### Consent & Declaration 同意及聲明：

I, the Applicant, understand and agree that the hospital reserves the right to decline the application notwithstanding the above unless and until I obtain a court order under Order 24 Rule 7A of the Rules of the High Court (Cap 4A) and section 42 of the High Court Ordinance (Cap 4), or Order 24 Rule 7A of the Rules of the District Court (Cap 336H) and section 47B of the District Court Ordinance (Cap 336) requiring disclosure of the deceased's medical information. 本人明白及同意儘管上述情況，醫院可以保留權利拒絕處理是次申請。除非及直至本人已獲得根據《高等法院規則》(第4A章)第24號命令第7A條規則及《高等法院條例》(第4章)第42條，或根據《區域法院規則》(第336H章)第24號命令第7A條規則及《區域法院條例》(第336章)第47B條法庭命令要求醫院披露死者之醫療資料。

I, the Applicant, declare that the information given in this form is true, correct and complete to the best of my knowledge, information and belief. I also completely understand the contents of this form and hereby consent to Hospital Authority to disclose the deceased's medical information in this request.

本人現聲明據本人所知、所悉及所信，本表格內所填報的一切資料，均屬真實、正確及並無遺漏。本人亦確認完全明白此表格的內容及現同意醫院管理局就本申請披露死者之醫療資料。

Signature of the Applicant:

申請人簽署：

Date:

日期

#### **FOR OFFICIAL USE ONLY** 此欄只供醫管局填寫

[Name of Staff] \_\_\_\_\_ has checked the following(s) on \_\_\_\_\_:

- |  |                                      |   |                                     |   |
|--|--------------------------------------|---|-------------------------------------|---|
| <input type="checkbox"/> The Deceased's  | <input type="checkbox"/> HKID Card / | <input type="checkbox"/> Passport Number(s) against the | <input type="checkbox"/> original / | <input type="checkbox"/> copy (original not seen) |
| <input type="checkbox"/> The Applicant's | <input type="checkbox"/> HKID Card / | <input type="checkbox"/> Passport Number(s) against the | <input type="checkbox"/> original / | <input type="checkbox"/> copy (original not seen) |



## WRITTEN CONFIRMATION 書面確認書

(To be filled by Direct Relative of the Deceased 由死者直系親屬填寫)

I, _____ [full name] (Identity Document No. _____), of _____ [address], hereby confirm that: 本人 _____ [中文全名](身份證明文件號碼: _____), 現居於 _____ [地址], 特此確認:	
(a)	I am the _____ [relationship – e.g. spouse, child, etc.] of _____ [full name of the deceased] (the “Deceased”) (Identity Document No. _____); 本人是 _____ [死者的中文全名] (下稱「死者」) 的 _____ [關係 – 例如: 配偶, 子女等] (身份證明文件號碼: _____);
(b)	I have a beneficial interest in the Deceased’s estate; 本人對死者遺產有實益權益;
(c)	to the best of my knowledge, the Deceased’s estate has no personal representative appointed within the meaning of the Probate and Administration Ordinance; 盡本人所知, 死者的遺產沒有委任《遺囑認證及遺產管理條例》定義下的遺產代理人;
(d)	I <input type="checkbox"/> have applied / <input type="checkbox"/> intend to apply to the court to be appointed as administrator of the Deceased’s estate; 本人 <input type="checkbox"/> 已向法庭申請 / <input type="checkbox"/> 打算向法庭申請 成為死者的遺產管理人;
(e)	to the best of my knowledge, there are no other direct relatives of the Deceased who have a higher priority to be appointed as administrator of the Deceased’s estate under Rule 21 of the Non-Contentious Probate Rules applying or intending to apply as administrator; and 盡本人所知, 按《無爭議遺囑認證規則》第 21 條所訂明的優先次序, 死者沒有其他擁有更高優先權而可被委任成為死者遺產管理人的直系親屬申請或打算申請成為遺產管理人; 以及
(f)	to the best of my belief, there will be no objection or dispute from any other person regarding my appointment as administrator of the Deceased’s estate. 盡本人所信, 沒有任何人將對本人委任為死者的遺產管理人作出反對或提出爭議。
<b>With an Authorized Person 僅適用於有獲授權人</b>	
<input type="checkbox"/>	I hereby authorize _____ [full name of the authorized person] (the “Authorized Person”) (Identity Document No. _____), to apply and obtain all medical information of the Deceased from Hospital Authority. In addition, I also authorize Hospital Authority to disclose and/or release all medical information of the Deceased to the Authorized Person. 本人現授權 _____ [獲授權人的中文全名] (下稱「獲授權人」) (身份證明文件號碼: _____), 向醫院管理局申請及索取所有有關死者之醫療資料。此外, 本人亦授權醫院管理局就相關披露及/或發放死者之醫療資料予獲授權人。
<b>Declaration and Signatures 聲明及簽署</b>	
AND I declare that 本人現聲明	
(i)	I completely understand the contents of this confirmation; 本人確認完全明白此確認書的內容;
(ii)	the information given in this confirmation is true, correct and complete to the best of my knowledge, information and belief; AND 據本人所知、所悉及所信, 本確認書內所填報的一切資料, 均屬真實、正確及並無遺漏; 以及
(iii)	A photocopy of this confirmation shall be deemed to be valid as the original. 此確認書之副本將被視為與正本具同樣效力。
Signature of the Declarant: 聲明人簽署 _____	Date: 日期 _____

 Please tick the appropriate box 請在適當方格加上

**Information Sheet for Deceased Patient's Medical Information Application****親屬申請死者的醫療資料須知****Charge 費用**

1. The Scale of Fees for the Supply of Copy of Deceased Patient's Medical Records is listed below 提供死者的醫療紀錄複本收費如下:-

<b># Processing Fee 處理費</b> HK\$100 per request (Inclusive of postage and reproduction charge for not more than 10 pages)  每次港幣 100 元 (已包含 郵費 及 不多於 10 頁的複製費)	<b>Reproduction charge for the 11<sup>th</sup> page and onward</b> <b>第十一頁及以後頁數的複製費</b> HK\$1.5 per page  每頁港幣 1.5 元
	<b>Reproduction charge for Radiological Image(s) etc.</b> <b>放射影像複製費</b> HK\$300 per modality per disc HK\$300 per film  每種造影每張光碟港幣 300 元 每張底片港幣 300 元

# Each Copy Deceased's Data Request for any type of record will not be processed unless accompanied by a processing fee. No refund will be made even if the application is withdrawn before the copy of medical records is issued.

每次申請任何類型死者紀錄的資料複本均須連同處理費提交，否則將不予受理。申請人即使在醫療紀錄複本發出前撤銷申請，已繳費用，概不發還。

2. According to the Hospital Authority's policy, a minimum of HKD1,100 **PER** Medical Report (or Medical Form) **PER** specialty and subject to a maximum of HKD4,400 will be charged.  
 根據醫院管理局政策，**每份醫療報告(或醫療表格) / 每個專科**最低收費為港幣 HKD1,100，最高收費為 HKD4,400。
3. The application fee for issuance of a duplicate record, certified copy of a record or information extracted / compiled from record or database held by HA is HKD300 **PER** copy **PER** specialty.  
 申請重發紀錄、紀錄的核證副本或從醫院管理局紀錄或資料庫擷取 / 彙編的資料之費用：**每份資料每個專科** HKD300。
4. Each application will not be processed unless accompanied by an appropriate application fee. No refund will be made even if the application is withdrawn before the information is issued.  
 每次申請均須連同適當的申請費提交，否則將不予受理。申請人即使在醫療資料發出前撤銷申請，已繳費用，概不發還。
5. The completed application form and supporting document(s) may be submitted in person or by post. For application submitted by post, please send payment of fee(s) in a crossed cheque made payable to the Hospital Authority. "Attention to Medical Records Office" should clearly marked on the envelope. Please do not send cash by post.  
 填妥之申請表格以及有關證明文件可經郵遞或親自呈交。如選擇郵寄申請，請以劃線支票遞交相關費用，並在支票抬頭寫明「醫院管理局」收。請於信封上註明「醫療紀錄部」收。切勿郵寄現金。
6. If the requested item(s) is / are delivered by registered mail, no extra charge would be levied. Otherwise, a corresponding charge for the requested mode of delivery may be levied.  
 若所要求項目以掛號郵件接收，則不會產生額外費用。否則，前述機構或會根據所指示的領取所要求項目的方式收取相應費用。

**Processing Time 處理時間**

7. In general, each medical information application will be completed **within 8 weeks**. Longer processing time is required for certain specialty, or if multi-specialties or several items are involved.  
 一般情況下，每份醫療資料申請會在**八星期內**完成。因應個別專科，或申請涉及多個專科或多個申請項目，處理時間會較長。
8. If Deceased's medical information is required on a particular date but it is unlikely that the medical information can be released on or before the specific date required, then the application will be rejected and the application together with any payment made enclosed will be returned to the applicant.  
 本院不能保證死者醫療資料在某限期內可發出。如果申請人要求在指定日期發出死者醫療資料，本院可能會拒絕有關申請，而所付之費用，將退還申請人。

**Others 其他事項**

9. Each medical report (or medical form) is written in English only.  
 每份醫療報告 (或醫療表格) 均只用英文書寫。
10. For completing any medical forms, the form has to be submitted together with the application form. Hospital reserves the right to provide the medical report in our prescribed format or on your form provided.  
 有關申請填寫醫療表格，請將該表格連同申請表一併交回。醫院保留權利以另一種形式提供報告。

**Please send your application or apply in person at the address below 請將申請寄往 / 親自交到以下地址：**

Hong Kong Buddhist Hospital – Medical Records Office  
 香港佛教醫院 — 醫療紀錄部  
  
 East Wing, Block A, G/F, Hong Kong Buddhist Hospital, 10 Heng Lam Street, Lok Fu, Kowloon  
 九龍樂富杏林街十號 香港佛教醫院 A 座地下東翼

**Opening Hours 辦公時間：**

Monday to Friday 星期一至星期五	8:45am to 1:00pm, and 2:00pm to 5:30pm 上午八時四十五分至下午一時 及 下午二時至五時三十分
Saturday, Sunday & Public Holiday 星期六、日及公眾假期	Closed 休息
Telephone No. 電話	2339 6126