

TWGHs Fung Yiu King Hospital
Medical Report Unit
G/F, 9 Sandy Bay Road, Hong Kong
Tel.: 2855 6112 Fax: 2855 9565
Opening hours:
Monday - Friday: 9 a.m. to 5:30 p.m.
Saturday: 9a.m. to 1 p.m.
Sunday & Public Holidays: Closed



東華三院馮堯敬醫院
醫療報告組
香港大口環道九號地下
電話: 2855 6112 傳真: 2855 9565
辦公時間: 星期一至五: 上午九時至下午五時三十分
星期六: 上午九時至下午一時
星期日及公眾假期: 休息

Information sheet for the relative to apply for the deceased's medical report / copy of medical records

-- Scale of Fees Applicable from 18 June 2017

I. Medical Report

Please complete the insurer's/applicant's details of the claim form (if any) and submit with the request form. Hospital reserves the right to provide the medical report in our prescribed format or on your form provided. Payment of standard charge of HKD895 per department per report requested. (This amount is non-refundable even if the request is withdrawn subsequently. Special charges up to HK\$3,580 may be charged for reports requiring special professional input. Applicants will be informed of the extra charges before the report is processed.) Normally, it will take four to six weeks to complete the procedure. If you have any queries concerning this service, please call 2855 6112.

II. Copy of Medical Records

For supplying a copy of the medical records under request, processing fee and reproduction charges are payable: The processing charge is HK\$76 per request, inclusive of reproduction charge for not more than 10 pages and postage.

After initial processing, we will inform requester the amount of photocopying or duplicating charge payable. The copy data can be collected after payment of such charge.

The reproduction charges for the 11th page and onward of paper based records is HK\$1 per page.

The reproduction charges for ECG, EEG or X-ray Film (C.T. Scan/M.R.I. etc.) is HK\$230 per modality per disc / per film.

III. Remarks

Applicant should complete the request form and submit together with the following documents:

1. Identification Documents of the Deceased and the Applicant.

2. Deceased's Death Certificate.

3. Documentary evidence to support the relationship between the Deceased and the Applicant.

in person and submit together with the above documents to "Medical Report Unit of TWGHs Fung Yiu King Hospital" or provide the completed request form, cross cheque and true copy of the above documents to us by mail to "G/F, TWGHs Fung Yiu King Hospital, 9 Sandy Bay Road, Hong Kong". Crossed cheque should be made payable to "HOSPITAL AUTHORITY". All copies of Identification Documents will be used solely for the purpose of this request. They will be destroyed after the completion of this procedure.

親屬申請死者的醫療報告／醫療記錄複本須知 -- 收費表[二零一七年六月十八日開始適用]

I. 醫療報告

有關申請填寫保險公司發出之表格，請將已填投保人仕／申請人資料之保險公司表格連同本院之申請表格一併交回。醫院保留權利填報閣下遞交之表格或提供另一種合適的醫療報告以供閣下備用。每份由個別診療部門發出的醫療報告基本所需費用為港幣\$895元。（如果事後欲取消申請，此等費用將不會發回。收費最高可達港幣\$3,580元，視乎該報告是否需要特別專業處理，如需加收費用，醫院會在提供報告前通知申請人。）一般來說，完成時間約為四至六個星期。如有任何查詢，請致電 2855 6112。

II. 醫療記錄複本

要求獲得所需的醫療紀錄複本，需繳付處理費及複製費。每次申請須繳付處理費用為港幣\$76，上述處理費已包括不多於十頁紙張類記錄的複製費及郵費。

申請經初步處理後，本部門會通知申請人所需繳付的影印/複製費用，才能領取資料複本。

紙張類記錄第十一頁及以後頁數複製費為每頁港幣\$1。

複製X光片、電腦掃描片、心電圖、腦電圖、磁力共振等的複製費為每種造影每張光碟/每張底片港幣\$230。

III. 備註

申請人必須在申請表格內清楚列明所有有關資料及附上下列有關證明文件：

(一) 死者及申請人之身份證明文件。

(二) 死者之死亡證。

(三) 證明死者與申請人之間關係的證件。

親臨「東華三院馮堯敬醫院醫療報告組」及出示以上文件正本辦理有關手續或一併郵寄填妥的申請表格、支票及以上文件的真確副本回「香港大口環道九號東華三院馮堯敬醫院 地下醫療報告組」辦理申請。支票抬頭請寫明支付「醫院管理局」並加劃線。所提交的身份證明文件副本只作今次用途，手續完成後，將會全部銷毀。

REQUEST FORM FOR THE RELATIVE TO APPLY FOR
THE DECEASED'S *MEDICAL REPORT / COPY OF MEDICAL RECORDS
親屬申請死者的*醫療報告／醫療記錄複本表格

1. Particulars of the Deceased Patient 死者資料：

(a) Name in English 英文姓名：(Surname first 姓氏先行) _____

Name in Chinese 中文姓名： _____

(b) Sex 性別： *Male 男 / Female 女 (c) Age 年齡： _____

(d) Date of Birth 出生日期： _____

(e) * HKID Card/Passport/Other No. *香港身份證／護照／其他號碼： _____

Please produce in person the original or provide a true copy of the Deceased's Identification 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：

(a) Medical Report of the Deceased 死者的醫療報告
Please attach relevant form from insurance company (if any)

如有，請附上適用的保險公司表格

Contents 內容包括：

Nature of Sickness / Disability / Injury 疾病／傷殘／受傷性質

Nature of Operation / Treatment 手術／治療的性質

Length of Hospitalization 留院日期

Length of Sick Leave Granted 病假日期

Others, please specify 其他〔請註明〕：

(b) Copy of Medical Records of the Deceased 死者的醫療記錄複本
For the following at the Hospital: 需要查閱醫院的下列資料：

Particulars 詳情：

(c) Specialty 專科： _____

(d) Period 期間：from 由 _____ to 至 _____

(e) Purpose (Please specify) 用途〔請註明〕：

3. Particulars of Applicant 申請人資料：

(a) Name in English 英文姓名：(Surname first 姓氏先行) _____

Name in Chinese 中文姓名： _____

(b) * HKID Card/Passport/Other No. *香港身份證／護照／其他號碼： _____

(c) Relationship with the Deceased 與死者關係： _____

(d) Address 地址： _____

(e) Daytime Telephone No. 日間聯絡電話號碼： _____

Please produce in person the original or provide a true copy of the Identification 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。

Please also attach a true copy of the documentary evidence to support the relationship between the Deceased and the Applicant. 請一併附上能證明死者與申請人之間關係的證件真確副本。

4. Person to whom the requested report / medical records is to be sent 醫療報告／醫療記錄複本的接收人：

The Applicant by signing this form consents to the relevant HA Hospital disclosing and sending the medical report / copy of medical records of the Deceased to the following person:

申請人簽署此表格代表其同意有關之醫院管理局醫院向下述人士透露及發出死者的醫療報告／醫療記錄複本：

Name 姓名： _____ HKID No. 香港身份證號碼： _____

Address 地址： _____

Tel. No. 電話號碼： _____

Please attach a copy of the identity document of the recipient to whom this medical information is to be sent if not the applicant him/herself. The authorized recipient when collecting the information should produce identity proof and authorization letter (signed by the requester) for verification by staff. If the recipient is a limited company such as insurance company, copy of the identity document is not required when submitting the request form. Company staff should produce documentary proof when they collect the information on behalf of the company.

如果此病歷資料非由申請人本人接收，請附上接收人的身份證明文件副本。接收人到取死者的病歷資料時須出示身份證明文件及由申請人發出的授權書，以便職員核對資料。如若接收人為一有限公司〔如保險公司〕則提交申請表時不用附上接收人的身份證明文件副本。接收人代表公司到取死者的病歷資料時須出示證明文件。

5. The requested medical report / copy of medical records would be sent by mail unless applicant check the following box:

除非申請人選擇以下領取醫療報告／醫療記錄複本的方式，否則申請人所要求的資料將會以郵件寄出。

Collect the requested item in person. Please inform me / recipient when the requested item is ready for collection. 到取所要求的資料，請在可以領取資料時通知本申請人／接收人。

6. Declaration 聲明：

I, the Applicant, declare as follows: 本申請人現聲明如下：

(a) 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.

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，管理死者的遺產。

(b) 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 the Applicant 申請人簽署

Date 日期 _____

please tick the appropriate 請在適當 內加√號 * delete whichever is inappropriate 請刪去不適用者