MacLehose Medical Rehabilitation Centre
Medical Report Unit
1/F, No. 7 Sha Wan Drive, Pokfulam, Hong Kong
Tel.: 2974 0210 Fax: 2974 0211
Opening hours: Monday – Friday: 9 a.m. to 5 p.m.
Saturday, Sunday & Public Holidays: Closed

麥理浩復康院
醫療報告組
香港薄扶林道沙灣徑七號一樓
電話: 2974 0210 傳真: 2974 0211
辦公時間：星期一至五:上午九時至下午五時
星期六、星期日及公眾假期：休息

Information sheet for medical report request

1. 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.
2. Payment of standard charge of HK$895 per specialty 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 (This amount is non-refundable even if the request is withdrawn subsequently.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.)
3. Applicant should complete the request form and submit together with the following documents:
   (i) Applicant's identity document (if applied by persons other than the patient).
   (ii) Patient aged under 18: True copy of the patient's birth certificate and identity document of the parent OR documentary proof of relationship of guardianship.
   (iii) Consent by patient for release of medical information (or complete item 4 of the request) or consent by parent / guardian on behalf of patient aged under 18.
   (iv) Photocopy of Outpatient Follow-up Card.
   in person and submit together with the above documents to "Medical Report Unit of MacLehose Medical Rehabilitation Centre" or provide the completed request form, cross cheque and true copy of the above documents to us by mail to "1/F, MacLehose Medical Rehabilitation Centre, No. 7 Sha Wan Drive, Pokfulam, 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.
4. If the patient is staying in hospital, requests may be submitted before discharge, however the report will be completed only after patient is discharged.

The following will be provided FREE OF CHARGE.

1. Medical report officially requested by another registered medical practitioner in writing for the sole purpose of continued medical treatment for the patient.
2. Admission/Discharge Certificate. Please make request to the doctor in charge or nursing staff of the ward preferably before discharge if this service is required.

Normally, it will take four to six weeks to complete the procedure. If you have any queries concerning this service, please call 2974 0210.

申請醫療報告須知

1. 有關申請填寫保險公司發出之表格，請將已填妥的投保人士／申請人資料之保險公司表格連同本院之申請表一併交回。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。
2. 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。）
3. 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） 申請人（如申請人非病者本人）之身份證明文件。
   （二） 未滿十八歲之病人：出生證明書及監護人身份證明文件真確副本或監護人之證明。
   （三） 病者簽署之有關發放醫療報告之同意書（或填妥本申請書之第4 部份）或監護人代未滿十八歲病人簽署之同意書。
   （四） 覆診卡影印本。
   親臨「麥理浩復康院醫療報告組」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「香港薄扶林道沙灣徑七號麥理浩復康院一樓醫療報告組」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。
4. 住院病人亦可在未出院前遞交申請表，該等醫療報告祇能在病人出院後方可完成。

下列項目費用全免

1. 經註冊醫生書面申請並申明是用作診治該病人之用的醫療報告。
2. 入院／出院證明書，請在出院前向主診醫生或病房醫護人員提出申請。

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 2974 0210。

MEDICAL REPORT REQUEST FORM 醫療報告申請表格 version: June 2017

1. Particulars of Patient 病人資料:

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

Name in Chinese 中文姓名： _____

(b) 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： _____

(f) Address 地址： _____

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

(h) Any other contact number(s) 其他聯絡電話號碼： _____

\# *If the HKID Card No. is provided, no copy or physical production of the HKID Card is required in case the number provided is accurate and corresponds to the number recorded on HA's database. If not, a true copy of the HKID Card will be required for verification. Alternatively, the HKID Card may be physically produced for verification at our hospital. If the Passport No. is provided, please produce in person the original or provide a true copy of the Passport of the Data Subject when submitting this request to our hospital.* 若提交香港身份證號碼，而提交的號碼正確及與醫管局資料庫所記錄的號碼相符，無須親身出示香港身份證正本或提交真確副本。否則，須提交香港身份證的真確副本，或親身出示香港身份證正本，以供查核。若提交護照號碼，請在向本院提交本申請表格時，親身出示資料當事人的護照正本或提交真確副本。

\# *If patient is under 18 years of age, please provide a true copy of the patient's birth certificate and identity document of the parent OR documentary proof of relationship of guardianship*. 如病人年齡未滿十八歲，請附上其出生證明書及其監護人身份證明文件真確副本或監護人之證明予職員核對資料。

2. Information Requested from the Named Hospital 向有關醫院索取的資料:

(a) Specialty 專科： _____

(b) Period 期間： from 由 _____ to 至 _____

(c) Purpose of Report 醫療報告之用途:

(i) For general purpose(s) 作為一般目的之用:

☐ a general medical report for 一般性質之醫療報告以供

☐ future medical purposes 日後醫療用途

☐ others, please specify 其他〔請註明〕

_____

☐ a supplementary medical report 解釋或跟進一個已發出的醫療報告

\# *Please attach a copy of the previous medical report, if available, for ease of reference.* 如有以前的醫療報告，請附上副本以作參考。

Please specify items to be included in this supplementary medical report:
請註明此跟進醫療報告所應包括之事項:

_____

(ii) For specific purpose(s) 作為指定用途:

☐ insurance claim 申索保險賠償

\# please attach relevant form from insurance company 請附上適用的保險公司表格

☐ employee compensation claims 申索工傷賠償

☐ legal proceedings 法律申訴程序

☐ certification of sickness/injury for 證明疾病/受傷以用作 _____

☐ certification of sickness/disability in support of 證明疾病/傷殘用以支持

☐ immigration application 申請移民

☐ rehousing application 申請公屋徙置

☐ to Immigration Dept for family reunion 向人民入境事務處申請家人來港團聚

☐ others (state reason) 其他〔請列明理由〕

_____

(ii) For specific purpose(s) (cont'd): 作為指定用途(續):
Contents 內容包括:

- ☐ nature of sickness/disability/injury 疾病或傷殘或受傷性質
- ☐ 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
- ☐ an assessment of the degree of permanent disability following sickness/injury 疾病/受傷而引致的永久傷殘程度評估
- ☐ an assessment of whether the patient will be fit to work in the job at the time of sickness/injury 評估病人將來是否適宜恢復其在患病/受傷前負責的工作
- ☐ others, please specify 其他〔請註明〕

_____

3. Person to whom the Medical Report is to be sent 醫療報告的接收人:

The Patient and/or the Patient's parent/guardian by signing this Form consents to the relevant HA hospital disclosing and sending the medical report to the following person. 病人及/或其父/母/監護人簽署此表格代表病人及/或其父/母/監護人同意有關之醫院管理局醫院向下述人士透露及發出其醫療報告:

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 Report is to be sent if not the patient himself. The authorized recipient when collecting the report should produce identity proof and authorization letter (signed by the requester) for verification by staff. If the recipient is a limited company such as an 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 report on behalf of the company.
如果此醫療報告非由病人本人接收，請附上接收人的身份證明文件副本。接收人到取報告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報告時須出示証明文件。

4. The requested medical report would be sent by mail unless you check the following box:
除非你選擇以下領取醫療報告的方式，否則你所要求的報告將會以郵件寄出。

☐ Collect the medical report in person. Please inform me / recipient when the report is ready for collection.
到取所要求的醫療報告，請在可以領取報告時通知病人本人/接收人。

For patient who is over 18 years old. 此欄適用於滿十八歲之病人

Signature of the patient 病人簽署

Date 日期

If patient is a minor or mentally incapable.此欄適用於未滿十八歲或因精神狀況而不能處理本身事務之病人

Signature of the patient's parent/guardian 病人父/母/監護人簽署

Name in Block Letters 姓名〔請用正楷填寫〕:

Nature of Identity Document and number 身份證明文件類別及號碼

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