



(For Office Use Only 只供有關部門填寫)

Application No.: _____
申請表編號

已故病人醫療記錄申請表格
DECEASED PATIENT'S MEDICAL RECORDS APPLICATION FORM

1. PARTICULARS OF DECEASED 死者資料

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

(b) Sex 性別: Male 男 Female 女 Age 年齡: _____ Date of Birth 出生日期: _____

(c) HKID Card No. 香港身份證號碼: _____

Please produce the original or provide a true copy of the Deceased's identity document and Death Certificate.
請出示死者身份證明文件及死亡證明書或提交真確副本。

Please attach a copy of the Deceased's birth certificate if under 18 years of age.
如死者未滿十八歲，請附上其出生證明書副本。

2. DETAILS OF RECORDS REQUEST 所需記錄詳情

(a) For the period 所需記錄的期間 From 由 _____ To 至 _____

(b) For the following 需要的資料: _____

3. REASON FOR APPLICATION 申請原因

Insurance claim 申索保險賠償 Employee compensation claims 申索工傷賠償

Clinical Reference 醫療參考 Legal proceeding 法律申訴程序用途

Personal Record 個人記錄 Others-Please Specify 其他-請註明 _____

Please ✓ in the appropriate box – 請在適當方格填上✓ (號)

4. PARTICULARS OF APPLICANT 申請人資料

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

(b) Sex 性別: Male 男 Female 女 HKID Card No. 香港身份證號碼: _____

(c) Address 地址: (I agree the hospital to send the patient's information to the following address by "Registered Post")
(本人同意院方將死者資料以掛號形式寄往下述地址)

(d) Relationship with deceased 與死者關係: _____ Tel. No. 電話號碼: _____

Please produce the original or provide a true copy of the applicant's identity document.
請出示申請人身份證明文件或提交真確副本。

Applicant's Signature 申請人簽署 _____

Date 日期 _____

5. CONSENT FROM DECEASED NEXT OF KIN 死者近親同意書

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

(b) Sex 性別: Male 男 Female 女 HKID Card No. 香港身份證號碼: _____

(c) Address 地址: _____

(d) Relationship with deceased 與死者關係: _____ Tel. No. 電話號碼: _____

(e) Declaration 聲明

I, declare as follows:
本人聲明如下:

I have applied for or I have been appointed by 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。

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。

(f) I consent to have the deceased's medical information disclosed to the applicant.
本人同意院方將死者之病歷資料發放給申請人。

Please produce the original or provide a true copy of identity document of the Deceased's Next-of-kin.
請出示死者近親身份證明文件或提交真確副本。

Please also attach a true copy of the documentary evidence to support the relationship between the Deceased and the Deceased's Next-of-Kin.
請一併附上證明死者與死者近親之間關係的證件真確副本。

Deceased's Next of Kin's Signature
死者近親簽署 _____

Date 日期 _____

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Checked	INF / PI	<input type="checkbox"/> BC / MC / DC	<input type="checkbox"/>	Y / N	To: Finance Dept.
	Original request	<input type="checkbox"/> Cheque / Cash	<input type="checkbox"/>	Received by	Fr.: HIRM I, NDH
	Consent	<input type="checkbox"/> Receipt / Bill	<input type="checkbox"/>	Remarks	Please charge photocopy at HK\$76.
	ID	<input type="checkbox"/> Endorsed	<input type="checkbox"/>		Receipt no.: _____

(Please ✓ in the appropriate box – 請在適當方格填上✓ 號)