PRINCE OF WALES HOSPITAL

Request for Loan X-ray Images from Private Doctors / Non-HA Hospitals

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。

Request Date : _____

Part A: Requester Particulars

Name of Doctor:_____ Clinic/Hospital :_____

Tel No.:_____ Pager:_____ Mobile :_____

Address:_____

_____

Part B: Patient Particulars

Name:_____(_____) Sex/ Age : _____

(English Name) (Chinese Name)

*HKID/Passport No. :_____ Contact Telephone No._____

Part C : X-ray Images requested

For the period :_____

Type of images requested (please specify):_____

_____

_____

_____

Part D : The X-ray Discs will be collected by

Name of person:_____(_____)

(English Name) (Chinese Name)

*HKID/Passport No. :_____ Contact Telephone No_____

Part E : Declarations and Signature

I declare that the requested information will only be used for continuation of patient care and will be kept highly confidential. I agree to return the X-Ray Discs **within 14 days** to Department of Imaging and Interventional Radiology, G/F., Day Treatment Block and Children Wards, Prince of Wales Hospital.

Signature of Doctor :_____ Name (in BLOCK letter) _____

PWH Staff Use Only

Patient's consent: □ Written consent attached

□ Verbal consent obtained from_____

on (Date & time_____)

Requested has been processed by (name of doctor) _____

Rank :_____ Department/Ward : _____

Ext :_____ Fax no. :_____ Doctor's Signature _____

*Please delete as appropriate.

□ Please tick the appropriate box.