沙田醫院
Shatin Hospital

(For Office Use Only 只供有關部門填寫)
MRO/MR_____
Date: _____

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

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。

1. NAME OF INSTITUTION FROM WHICH INFORMATION IS REQUESTED 要求提供資料的醫院/診所名稱

_____

Please ✓ in the appropriate box - 請在適當方格填上 ✓ 號

2. PARTICULARS OF DECEASED PATIENT 已故病人資料

(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: _____ OR 或 Passport No. 護照號碼: _____

(d) Address 地址: _____

_____

3. DETAILS OF RECORDS REQUEST 所需紀錄詳情:

(a) ***Must be Completed 必須填寫*** Specialty 專科部門: _____

(b) A&E No. 急症號碼: _____ Request Period 申請期間: From 由_____To 至_____

(c) Hospital Number 入院號碼: _____ Request Period 申請期間: From 由_____To 至_____

Hospital Number 入院號碼: _____ Request Period 申請期間: From 由_____To 至_____

(d) OPD Number 覆診編號: _____ Request Period 申請期間: From 由_____To 至_____

OPD Number 覆診編號: _____ Request Period 申請期間: From 由_____To 至_____

4. REASON FOR APPLICATION 申請原因

❒ Insurance claim 申索保險陪償

❒ Legal proceeding 法律申訴程序用途

❒ Employee compensation claims 申索工傷賠償

❒ Others-Please Specify 其他-請註明 _____

5. 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: _____ Tel. No.電話號碼: _____

(c) Address 地址: _____

_____

(d) Relationship with deceased 與死者關係 : _____

Signature of the Applicant 申請人簽署 : _____

Company Chop (if applicable) / 公司蓋章 (如適用) : _____

Date 日期: _____

(Revised on 20220113)

6. CONSENT FROM DECEASED PATIENT'S NEXT OF KIN 已故病人至親同意書

(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: _____ Tel. No.電話號碼: _____

(c) Address 地址: _____

(d) Relationship with deceased 與死者關係: _____

(e) **Declaration 聲明 (FOR DECEASED PATIENT'S NEXT OF KIN USE ONLY 只供已故病人至親填寫)**

I, declare as follows: 本人聲明如下:

❒ 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.
本人已經向法庭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。

_____
Signature of the Deceased Patient's Next of Kin 已故病人至親簽署

Date 日期: _____

Please provide original or a true copy of the following documents upon submission of this application form
當繳交申請表時，請出示以下文件的正本或真確副本:

1. Deceased patient's next of kin identity document.
   已故病人至親的身份證明文件。
2. Applicant's identity document.
   申請人的身份證明文件。
3. Probate or Letter of Administration.
   遺囑認證或遺產承辦書
4. Next-of-kin's relationship proof such as Marriage Certificate, Birth Certificate (if appropriate).
   已故病人至親與病人關係的證明文件，例如結婚証明書、出生証明書(如適用)。
5. Copy of Deceased patient's identity document and Death Certificate (if appropriate)
   已故病人的身份證明文件/死者的身份證明文件及死亡證明書副本。
6. Charges 收費:
   Copy Data Request 資料複本要求

– Processing Fee:	HK$76 per request (inclusive of reproduction charge for not more than 10 pages and postage)
– 處理費:	每次港幣$76 (已包含不多於十頁的複製費及郵費)
– Reproduction charge for the 11th page and onward:	HK$1 per page
– 第十一頁及以後頁數的複製費:	每頁港幣$1
– Reproduction charge for ECG, EEG, X-ray Film / disc or photo etc.:	HK$230 per modality per disc HK$230 per film
– X 光片 / 光碟、相片、電腦掃描片、腦電圖等複製費:	每種造影 / 每張光碟港幣$230 每張底片港幣$230

FOR OFFICE USE ONLY 只供有關部門填寫

☐ Applicant's ID ☐ Consent
☐ Patient ID ☐ Original request
☐ Relationship ☐ Receipt / Bill
☐ BC / MC / DC
☐ NA / INF / PL / PI / LA
Checked by:

Charge:
Total Charge $ _____(cheque / cash)
Receipt No._____

(Revised on 20220113)