

# Admission Letter

Bed Booking #: 3153 9010 Admission Office#: 3153 9033

Patient Name: _____	
DOB: _____	Sex: _____
HKID / Passport: _____	
Patient's Contact: _____	
Or Patient Label	

**To: Admission Office**

Admission: Date \_\_\_\_\_ & Time \_\_\_\_\_

**Fax: 3903 3490**

Expected Length of Stay: \_\_\_\_\_

Inpatient	
Allergy Information:	<i>Allergic to:</i> _____ <i>Type of Reaction:</i> _____

Standard procedure package:

- YES (package code no.: \_\_\_\_\_)   
  Normal Risk   
  Intermediate Risk  
 NO   
 Room type:   
 Day (6 hour only)   
 Standard   
 Semi-private   
 Private   
 Junior Suite   
 VIP  
 Special Bed Request (ICU, Isolation Room etc.):

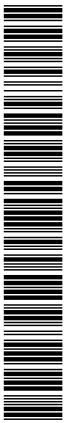
Please **do not eat or drink** on (Date) \_\_\_\_\_ at \_\_\_\_\_ AM/PM\*. (Cross out the inappropriate)

Special diet:   
 vegetarian   
 diabetics   
 liquid   
 Others, please specify: \_\_\_\_\_

**Please bring along the completed consent forms for surgical procedure.**

<b>Significant Medical History / Mental Health Issues</b>	
<b>Current Medication</b>	
<b>Provisional Diagnosis</b>	
<b>Investigations/ Treatments</b>	<p><b>Anticipated Laboratory Tests:</b> Blood / Body Fluids / Tissues  <small>(Please circle relevant test type and specify body part. Please indicate whether it is a pre/post-operation test.)</small></p> <p><b>Required Radiology Tests:</b> CT / PET-CT / MRI / X-Ray  <small>(Please circle relevant test type and specify body part. Please indicate whether it is a pre/post-operation test.)</small></p> <p><b>Other Required Tests</b> (e.g. ECG, lung function test):  <small>(Please specify whether test is required pre/post-operation)</small></p>
<b>Prescription / Supplement</b>	
<b>Planned Procedure/ Operations</b>	<p>Operation Name: _____</p> <p>Expected Surgical Procedure Time: _____</p> <p>Special equipment/consumable request:  <small>(Harmonic Scapel, implants etc)</small></p> <p> <input type="checkbox"/> LA            <input type="checkbox"/> GA            <input type="checkbox"/> MAC            <input type="checkbox"/> IV Sedation            <input type="checkbox"/> Others: _____       </p> <p>Date: _____ Time: _____ Anaesthetist: _____</p>

**Remarks / Requests:**



Patient Name:

DOB:

Sex:

HKID / Passport:

Patient's Contact:

Or Patient Label



Gleneagles

HONG KONG

港怡醫院

## Admission Letter

Bed Booking #: 3153 9010

Admission Office#: 3153 9033

<b>Patient's Insurance Coverage:</b> <i>(Please specify insurance company &amp; plan where applicable)</i>		
<b>Estimated Doctor's Fees 預算醫生費用</b> (To be completed by Attending / Admitting Doctor 由主診/轉介醫生填寫)		
Daily Doctor's Visit Fee: 每日醫生巡房費	\$	X _____ day(s) 日
Surgical Operation Fee: 手術費	\$	
Anaesthetist's Fee: 麻醉科醫生費	\$	
Other Specialists' Consultation Fee (Please Specify): 其他專科醫生診療費用 (請註明)	\$	
Other Items and Charges: 其他項目及收費	\$	
<b>Total 總計</b>	<b>\$</b>	

Signature of Doctor:

Name & Contact Information  
of Doctor :

Doctor Reg. No.:

Date:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

In BLOCK letter

M00001

I have explained to the patient/ next-of-kin/ authorised person details of the above estimated charges and have sought his/ her agreement.

本人已向病人/ 親屬/ 獲授權人士解釋上述預算費用，並徵得其同意。

Signature of Doctor

醫生簽署

Name of Doctor

醫生姓名

Date

日期

### DISCLAIMER: 免責聲明

I understand that this budget estimate is not legally binding and is for reference only. Additional charges incurred from complications and from diseases diagnosed after admission are not covered. I agree that final payments are subject to charges incurred from treatment, procedures and services performed and should be made in accordance with hospital invoice.

本人知悉套餐的使用條款及延長住院所收取的額外費用，並同意最終應繳費用以醫院賬單所列為準。

Signature of Patient / Next-of-kin /  
Authorized Person

病人 / 親屬 / 獲授權人士簽署 (Age  
18 or above 十八歲或以上)

Name of Patient / Next-of-kin /  
Authorized Person

病人 / 親屬 / 獲授權人士姓名

Relationship  
關係

Date

日期

