Gleneagles HONG KONG 港怡醫院

Hosp No.	:	HKID No.:	
Case No.	:		
Name	:		
DOB	:	M / F	
Adm Date	:		
Contact No.	:		

Patient's Authorization Letter for Medical Report Collection
病人授權書 (領取病歷報告)

To Gleneagles Hong Kong Hospital,
致 港怡醫院：

I (Name in BLOCK LETTERS) _____ , HKID / Passport / EEP No.: _____
本人 (正楷姓名) 香港身份證 / 護照 / 通行證號碼： Authorizer 授權人

Hereby authorize (Name / Organization) _____ ,
在此授權 (*姓名 / 機構名稱)

HKID / Passport No / EEP No.: _____ , my (Relationship) _____ ,
香港身份證 / 護照 / 通行證號碼： Authorized Person 獲授權人士 即本人的 (關係)

to collect my personal information (including medical records) on my behalf.
領取本人的個人資料 (包括醫療紀錄)。

_____ _____
Signature of Patient 病人簽署 Date 日期

For internal use: Nurse Remarks (Please ✓ and specify document required)

Laboratory Reports	Lab No.	Radiological Exam Reports		With Film Booklet
❑ Clinical Microbiology Report	____M_____	❑	X-ray _____	❑
	____M_____		X-ray _____	❑
❑ Clinical Biochemistry Report	____C_____	❑	MRI _____	❑
	____C_____		MRI _____	❑
❑ Haematology Report	____H_____	❑	CT _____	❑
	____H_____		CT _____	❑
❑ Blood Blank Report	____B_____	❑	PET-CT _____	❑
❑ Histopathology Report	____AH_____	❑	Ultrasound _____	❑
❑ Cytopathology Report	____AN_____	❑	KUB	❑
❑ Others: _____		❑ Others: _____		

Cardiology Reports		Nursery Reports	Other Reports
❑ ECG	❑ Treadmill Report	❑ IEM Report	❑ Sleep Test
❑ Echocardiogram Report	❑ Treadmill Factsheet	❑ G6PD	❑ Uroflow Report
❑ Echo DVD	❑ Holter Report	❑ Angsana Report	❑ Health Screening Report
❑ Other Medical Reports: _____			

Admin Document		
❑ Referral Letter	❑ Sick Leave Certificate	❑ General Purpose Letter

Nurse Name & Signature: _____ Ward / SOC: _____ Handling Date: _____

備註: Remarks:

1. Submit this " Patient's Authorization Letter" with the following documents prepared by authorized person for identify verification purpose: 獲授權人士必須遞交此「病人授權書」及準備以下文件作核對身份之用:
   (i) present a **copy** of patient's HKID card / Passport / EEP, and
   出示病人的香港身份證 / 護照 / 通行證**副本**，及
   (ii) present the **original** authorized person's HKID card / Passport / EEP
   出示獲授權人士的香港身份證 / 護照 / 通行證**正本**
2. If patient is aged under 18, under normal circumstances, patient's parents or legal guardian **could not** authorize third party to handle patient's data on his/her behalf.
   如病人未滿 18 歲，在一般情況下，其父母或合法監護人**不得**授權第三者代理病人之醫療紀錄。
3. This "Patient's Authorization Letter for Medical Report Collection" is valid for 6 months count from the date signed.
   此「病人授權書 (領取病歷報告)」之有效日期為簽署日期起計算 6 個月內。