



Medical Report and Patient Information Application Form

1. Patient Particulars *(must be completed)*

Name: _____ (Surname) (Forename) _____ (Chinese)
 Sex: ☐ Male ☐ Female Date of Birth: _____
 HKID Card No. / Passport No.: _____
 Address: _____
 Correspondence Address: _____
(if different from above)
 Daytime Telephone No.: _____ Other contact phone number(s): _____

2. Nature of Request *(Please choose one only)*

- | | | | | |
|---|----------------------|---|-----------------------|-------|
| <input type="checkbox"/> Medical Report | \$895(Per specialty) | <input type="checkbox"/> Medical Certificate | (from _____ to _____) | \$230 |
| <input type="checkbox"/> Birth date and time | \$230 | <input type="checkbox"/> (Sick leave Certificate) | | |
| <input type="checkbox"/> Death date and time | \$230 | <input type="checkbox"/> Attendance Certificate | (from _____ to _____) | \$230 |
| <input type="checkbox"/> Others (please specify): _____ | | <input type="checkbox"/> Attendance History | (from _____ to _____) | \$230 |
| | | <input type="checkbox"/> Payment History | (from _____ to _____) | \$230 |

3. Information Required

a) Specialty

- ☐ Accident & Emergency ☐ Orthopaedics ☐ Surgery ☐ Medicine & Geriatrics ☐ Paediatrics
☐ Obstetric & Gynaecology ☐ Neurosurgery ☐ Psychiatry ☐ Ear, Nose & Throat
☐ Eye ☐ Integrated Clinic ☐ General Out-Patient Clinic (please specify which clinic) _____
☐ KEC Staff Psychological Services Clinic/ CIPS Centre#

The service is provided to HA staff only. Applicants are requested to check the box or specify in the application letter if medical report and/or client data related to the service is/are required.

- ☐ Others (please specify): _____

b) Hospitalization / Request period: From _____ to _____

c) Date of Injury: _____ (if appropriate)

4. Reason for application

- | | |
|---|---|
| <input type="checkbox"/> Insurance Claim (<input type="checkbox"/> with insurance claims form) | <input type="checkbox"/> Rehousing Application |
| <input type="checkbox"/> Employee Compensation Claims | <input type="checkbox"/> Application Migration / Visa |
| <input type="checkbox"/> Legal Proceedings | <input type="checkbox"/> Personal Records |
| <input type="checkbox"/> Family Reunion | <input type="checkbox"/> Others (please specify): _____ |

5. Patient's signature *(If the patient is the recipient of this medical report, please sign this section)*

Signature: _____ Date: _____

☐ Please ✓ in the appropriate box.

Medic Patient Report Form

Michael Rajnik

A red circular graphic with a gradient, appearing as a stylized arrow or a partial circle, located to the right of the name bar.

Medic Patient Report Form:

The Enigmatic Realm of **Medic Patient Report Form**: Unleashing the Language is Inner Magic

In a fast-paced digital era where connections and knowledge intertwine, the enigmatic realm of language reveals its inherent magic. Its capacity to stir emotions, ignite contemplation, and catalyze profound transformations is nothing in short supply of extraordinary. Within the captivating pages of **Medic Patient Report Form** a literary masterpiece penned with a renowned author, readers embark on a transformative journey, unlocking the secrets and untapped potential embedded within each word. In this evaluation, we shall explore the book's core themes, assess its distinct writing style, and delve into its lasting affect the hearts and minds of those that partake in its reading experience.

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