



服務費用預算 - 預算醫生費用 (只供參考)

Budget Estimate – Estimated Doctor's Fee (For Reference Only)

本表格正本會存放在醫院的病人醫療記錄內,副本供病人和醫生參考。費用預算只供參考,最終收費視乎病人實際接受的治療、程序及服務而定。 The original form will be kept as part of the hospital medical records and copies will be given to the patient and the relevant doctor for reference. The estimated charges are for reference only. Final payments are subject to charges incurred from treatment, procedures and services performed.

	(中文 Chinese):	(-	英文 English):		
身份證/護照號碼					
Hong Kong Identity Card / Passport Number	er:				
初步診斷 Provisional Diagnosis:					
預計住院時間 Estimated Length of Stay:		∃ Day (s)	病房級別 Class of	病房級別 Class of Ward:	
醫療程序/手術 Treatment Procedure / Sur	gical Operation:				
主診醫生 Attending Doctor:					
備註 Remarks:					
				_	
預算醫生費用 Estimated Doctor's Fees	(由醫生填寫 To be co	ompleted by doctor)			
每日醫生巡房費 Daily Doctor's Round Fo	ee:	\$	x	日 day(s)	
醫療程序/手術費 Procedural / Surgical Fe	ee:	\$			
麻醉科醫生費 Anaesthetist's Fee:		\$			
其他專科醫生診療費用 Other Specialists	'Consultation Fee:				
其他項目及收費 Other Items and Charges	s:		 ,		
		總計 Total:			
		窓ひロ 10tta1.			
本人已向病人/親屬/獲授權人士解釋上述					
I have explained to the patient/next-of-kin/a	authorised person detail	s of the above estimated charge	es and have sought his/he	r agreement.	
醫生姓名					
四土红石		醫生簽署	日:	期 期	
Name of Doctor	Sign	醫生簽署 nature of Doctor	日; Da	•	
	Sign			•	
	Sign			•	
Name of Doctor		nature of Doctor	Da	te	
Name of Doctor 病人簽署 Patient's Signature 本人知悉此服務費用預算並無法律約束; 用。本人同意最終收費視乎病人實際接受	力,僅為參考,亦明白 受的治療、程序及服務	nature of Doctor 此費用預算並不包括因併發 而定,並以醫院帳單所列為	Da 症或其他入院後才發現 準。	te 的疾病所牽涉的額外費	
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