



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。

This 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.

病人姓名 Patient's Name:	(中文Chinese):	(英文English):
身份證 / 護照 號碼 Hong Kong Identity Card / Passport Number:		
初步診斷 Provisional Diagnosis:		
預計住院時間 Estimated Length of Stay:	日 Day(s)	病房級別 Class of Ward:
醫療程序/手術 Treatment Procedure / Surgical 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 completed by doctor)		
每日醫生巡房費 Daily Doctor's Round Fee:	x	日 day(s)
醫療程序/手術費 Procedural / Surgical Fee:		
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:		
總計 Total:		
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。 I have explained to the patient/ next-of-kin/ authorised person details of the above estimated charges and have sought his/ her agreement.		
醫生姓名 Name of Doctor	醫生簽署 Signature of Doctor	日期 Date

病人簽署 Patient's Signature		
本人知悉服務預算費用並無法律效力，僅為參考，並不包括因併發症以及入院後發現的疾病所產生的額外費用。本人同意最終收費視乎病人實際接受的治療、程序及服務而定，並以醫院帳單所列為準。 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.		
病人 / 親屬 / 獲授權人士姓名 Name of Patient / Next-of-kin / Authorised Person	病人 / 親屬 / 獲授權人士簽署 Signature of Patient / Next-of-kin / Authorised Person	日期 Date