



Please use ID Label or Block Print

SURNAME		UNIQUE RECORD NO.	
GIVEN NAME		CHINESE NAME	
SEX	AGE	WARD	ADMITTED DATE & TIME
ATTN. DOCTOR:			
CONSULT. DOCTOR:			

**Instructions of Surgical Operation Package
(Ophthalmology)**

Operation Name : Cataract Extraction & Intraocular Lens Implantation (Single Eye/ Day Surgery)

Name of Surgeon: _____

Hospital Charges: HK\$ _____ Surgeon Fee : HK\$ _____

Package Grand Total: HK\$ _____ (Surgeon Fee + Hospital Charges)

Charges included items	Charges excluded items
<input type="checkbox"/> Pre-operative measurement of intraocular lens power <input type="checkbox"/> Basic medication for the operation <input type="checkbox"/> Post-operative care <input type="checkbox"/> Post-operative medication (Max. 3 bottles) <input type="checkbox"/> Surgeon's operation fee <input type="checkbox"/> Transparent monofocal intraocular lens <input type="checkbox"/> One post-operative consultation (within 2 weeks after operation) <input type="checkbox"/> One post-operative refraction by optometrist (within 4-8 weeks after operation) (To be confirmed by the surgeon)	<input type="checkbox"/> An extra fee of HK\$ _____ if toric intraocular lens is needed <input type="checkbox"/> Multifocal intraocular lens <input type="checkbox"/> Consultation and examination fee for diagnosing cataract <input type="checkbox"/> Irrelevant test, examination, medication and sundries fee <input type="checkbox"/> Additional cost of hospitalization and doctor fee incurred due to complications arising from the specified operation <input type="checkbox"/> Additional cost of operation which are not related to the specified operation and any complications <input type="checkbox"/> Additional cost for treatment of client's chronic illness and its related complications <input type="checkbox"/> Additional cost for extended operation time and medication

Remarks:

- The surgeon reserves the right of final decision to confirm the suitability of clients with chronic disease (e.g. Diabetes Mellitus, Heart Disease or Renal Disease etc.) to enroll in the Package.
- Package is only applicable to single eye operation under local anaesthesia.
- Package is only applicable to day surgery operation within the office hours. (Not applicable to in-patient client)
- The client should join the Package beforehand. Application for the Package shall not be accepted after the commencement of operation.
- The cost for measurement of intraocular lens power should be paid if cancellation of the Package is requested.
- The deposit of the Package shall be settled beforehand.
- Other special offers or discounts are not applicable in conjunction with the Package.

Signature

of *Client / Guardian : _____

Name : _____

(Name in Block Letter)

Date : _____

Signature of Staff: _____



Name : _____

(Name in Block Letter)

Date : _____

- * Circle if appropriate
- Please ✓ if appropriate

NUA-402-20-2611e(R7)

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