



ST. TERESA'S HOSPITAL
聖德肋撒醫院
 327, Prince Edward Road,
 Kowloon, Hong Kong
 Tel.: (852) 2200 3434 Fax: (852) 2711 9779

授權書

重要提示

任何未能親身申請/領取下列證件/證書/文件之人士，可填寫及簽署本授權書以授權他人代申請書及領取，但授權人於取件時必須出示本授權書、授權人/授權人子女的香港身份證副本 和 代領人的香港身份證 供核實之用。

* 請將不適用者刪去

本人 _____ (HKID : _____)，現授權 _____ *先生 / 女士 (授權人 HKID : _____) 代為(申請 / 領取) *(本人 / 本人之子女的)

- 保險住院賠償表。
- 醫療報告。
- 醫療記錄。
- 其他: (請詳細註明 _____)。

本人同意附上* 身份證紙副本 / 本人之子女出世紙副本供核實身份之用。

病人 / 病人父母簽署：_____ 聯絡電話：_____ 日期：_____

本授權書之影印本與正本具有同等效力

Authorization Letter

Important Notes

Anyone who cannot apply / collect the following documents in person may authorize a representative to apply / collect them on his / her behalf by completing and signing this authorization letter. The authorized representative must present this **Authorization Letter**, **Copy of ID document of the Patient/ Patient's parent** and the **Authorized person's HKID card** for verification when collecting the documents.

*Delete where inappropriate

I, _____ (HKID: _____), authorize *Mr / Ms _____, (Authorized person's HKID: _____), to apply / collect the following document(s) on my behalf:

- Insurance Claim Form.
- Medical Report.
- Copy of Medical Record.
- Other(s): (Please specify: _____).

I agree to provide my* **Copy of ID document /Copy of my children's Birth Certificate** for verification.

Patient's / Patient's parent Signature: _____ Contact No.: _____ Date: _____

The photocopy of this authorization shall be considered as effective and valid as the original