



## Medical Chit

(This Chit is valid for 2 months from date of issue)

Company 公司名稱:	HIP HING CONSTRUCTION CO LTD (the 'Client')		
Name 姓名:		HKID 身份証號碼:	
Position 職位:		Area of Injury 受傷部位:	
Date of Injury 受傷日期:		Patient Phone No. 病人電話:	
Project Number 地盤編號:		Project Phone No. 地盤電話:	
Place of Accident 意外發生地點:			
Please provide appropriate medical treatment to the above captioned worker 請給予上述員工適當的治療			
<input type="checkbox"/> Initial Consultation 第一次就診 <input type="checkbox"/> Follow-up Consultation Notes to Clinic 覆診			

Notes to Clinic 診所須知:
The following item should require approval via HIP HING (Please complete <a href="#">Approval and Referral Form</a> )
Specialist Consultation 專科治療, Laboratory Tests 化驗測試, X-ray ≥ HK\$600 per test 放射治療 & Other expensive investigations 其他: e.g., MRI and CT scan
Approval and Enquires 審批及查詢
Please seek approval from HIP HING through TRM - 3583 7698; Fax: 31051827
(For emergency case, the attending doctor has authority to proceed the treatments without seeking prior approval.)

\_\_\_\_\_  
Name and Signature of Authorized Person with  
Company Chop  
授權人仕簽署及公司蓋章

\_\_\_\_\_  
Date 日期

註：This Medical Chit does not mean that the company admits any liability of the accident (本証書不代表本公司承認任何工傷責任)

### Declare 聲明

I hereby authorize my medical practitioner and/or clinic, by whom or where I have been treated, to give full particulars including prior treatment program and/or medical history related to this work injury case, to my employer & its panel doctor, TRM (HK) Limited, Labour Department of HKSAR and corresponding parties processing the insurance claims. In line with Data Privacy requirements, I understand that any information shall be used for the sole purpose of administering work injury management.

本人同意並授權有關診所或主診醫生，將本人此次之工傷記錄、有關治療程序及復康進度等，全部交予僱主及其授權醫院/私家醫生，協康(香港)有限公司、香港政府勞工處及索償工傷有關機構，以便進行工傷評估。本人明白上述資料受到個人私隱條例保障，只用於本人已授權之範圍內。

\_\_\_\_\_  
Patient's Signature 病人簽署:  
HKID No 身份証號碼:

\_\_\_\_\_  
Date 日期