



Approval and Referral Form

Work Injury Management

Company 公司名稱:	
Patient Name 病人姓名	
Date of Injury 受傷日期	Area of Injury 受傷部位
Diagnosis 診斷	
Reasons for Referral 轉介原因	
<p>Approval and Referral <i>(Please tick the appropriate box below)</i> 批准及轉介下列專科治療 (請 ✓ 上合適空格內)</p> <p><input type="checkbox"/> Specialist 專科醫生* Specialty: _____</p> <p><input type="checkbox"/> X-ray ≥ HK\$500 per test 放射診斷檢查 Type: _____</p> <p><input type="checkbox"/> Laboratory Tests 化驗測試 Type: _____</p> <p><input type="checkbox"/> Physiotherapy 物理治療* No. of Treatments: _____</p> <p><input type="checkbox"/> Occupational Therapy 職業治療* No. of Treatments: _____</p> <p><input type="checkbox"/> Others 其他 e.g, MRI and CT scan* Type: _____</p> <p><i>* to be arranged by TRM</i></p> <p>醫生蓋章及簽署: _____ Date 日期: _____</p> <p>Chop and Doctor Name in Block Letter Signature of Doctor in-charge</p> <p>For emergency case, the attending doctor has authority to proceed the treatments without seeking prior approval.</p>	
Approval and Enquiries 審批及查詢	
Please fax this Form to TRM (HK) Limited for handling Tel: 3583 7633 / 3105-1817 Fax: 3010 8287 / 3105-1827	