



Medical Chit 醫療護理授權証
(This Chit is valid for 2 months from date of issue)

Company 公司名稱		(the "Client")
Name 姓名	Staff No 員工號碼	
Position 職位	HKID 身份証號碼	
Date of Injury 受傷日期	Area of Injury 受傷部位	
Shop/ Dept (Code) 店舖/部門 (編號)	Staff Phone No. 員工電話: Shop/Dept Phone No. 店舖/部門電話:	
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 診所須知		
Specialist Consultation 專科治療	Requires approval via TRM from the Client <i>(please complete Approval and Referral Form)</i>	
Physiotherapy and Occupational Therapy 物理及職業治療		
X-ray ≥ HK\$500 per test 放射診斷檢查		
Laboratory Tests 化驗測試		
Other expensive investigations: e.g., MRI and CT scan		
For emergency case, the attending doctor has authority to proceed the treatments without seeking prior approval.		
Approval and Enquires 審批及查詢		
TRM (HK) Limited Phone: Tel 3105-1817; Fax: 31051827		
_____ Name and Signature of Head of Shop/Dept with Company Chop (店舖/部門主管簽署及公司蓋章)		_____ Date (日期)
<i>This medical Chit is valid for two months from the issue date. Further consultation needs approval from the company or TRM</i>		

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.

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，以使進行工傷評估。

 員工簽署 Employee's Signature
 身份証號碼 HKID No :

 日期 Date: