



**Medical Treatment Authorisation Form 醫療護理授權證**

The below named employee is authorized to receive medical treatment from your clinic for injuries sustained at work.

持證人因工受傷已獲准到貴診所接受醫療護理

<b>Project Name/No.:</b> 項目名稱/ 號碼	<b>Policy No.:</b> 保單編號
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<b>Date of Accident</b> 意外日期
<b>Injured Employee Name</b> 受傷僱員姓名
<b>Employee Contact Details</b> 僱員電話號碼
<b>HKID Number</b> 身份證號碼
<b>Name of Company</b> 僱主名稱
<b>Authorised Signature &amp; Company Chop</b> 授權人簽署及公司印章

For subsequent consultations related to injuries sustained at work **within 1 month** of the above accident date, TRM approval is not required. A photocopy of this Authorisation Form shall be as valid as the original.

意外受傷日期起 **1 個月**內與工傷傷勢有關的醫生診症並不需要 TRM 批准。此授權證的副本與正本有同等效力。

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I agree that the panel doctors have right to release medical reports regarding my medical condition to employer / insurance company.

本人同意醫生可就本人的傷勢向僱主或保險公司提交醫療報告。

**Date** :            /            /  
日期

\_\_\_\_\_  
**Employee's Signature**  
 員工簽名