



Medical Chit 醫療護理授權証

<b>Company 公司名稱</b> Hong Kong Aircraft Engineering Co. Ltd. (the "Client")	
<b>Name 姓名</b>	<b>Staff No 員工號碼</b>
<b>Position 職位</b>	<b>HKID 身份証號碼</b>
<b>Date of Injury 受傷日期</b>	<b>Area of Injury 受傷部位</b>
<b>Dept (Code) 部門 (編號)</b>	<b>Staff Phone No. 員工電話:</b>
<b>Place of Accident 意外發生地點</b>	
<b>Please provide appropriate medical treatment to the above captioned worker. 請給予上述員工適當的治療。</b> <input checked="" type="checkbox"/> <b>Initial Consultation 第一次就診</b> <input type="checkbox"/> <b>Follow-up Consultation 覆診</b>	
<b>Notes to Clinic 診所須知</b>	
Specialist Consultation 專科治療	Requires <b>approval</b> via TRM from the Client (Please complete <b>Approval and Referral Form</b> )
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	
<b><i>This medical Chit is valid for <u>ONE</u> month from the issue date. Further consultation needs approval from the company or TRM. For emergency case, the attending doctor has authority to proceed the treatments without seeking prior approval.</i></b>	
<b>Approval and Enquires 審批及查詢</b>	
TRM (HK) Limited            Phone: Tel 3105 1817; Fax: 3105 1827	
<b>Name and Signature of Authorized Person with Company Chop</b> (授權人姓名, 簽署及公司蓋章)	<b>Date (日期)</b>

Note 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: