



Approval and Referral Form

Work Injury Management

<b>Company</b> 公司名稱	
<b>Patient Name</b> 病人姓名	
<b>Date of Injury</b> 受傷日期	<b>Area of Injury</b> 受傷部位
<b>Diagnosis</b> 診斷	
<b>Reasons for Referral</b> 轉介原因	
<p><b>Approval and Referral</b> (Please tick the appropriate box below) 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"/> Extra Medication 額外藥物 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/CT scan* Type: _____</p> <p><i>*To be arranged by TRM</i></p>	
<p>醫生蓋章及簽署: _____ Chop and Doctor Name in Block Letter Signature of Doctor in-charge</p>	<p>Date 日期: _____</p>
<p>For emergency case, the attending doctor has authority to proceed the treatments without seeking prior approval.</p>	
<p><b>Approval and Enquires</b> 審批及查詢</p> <p>Please fax this Form to <b>TRM (HK) Limited</b> for handling Tel: 3583-7633 Fax: 3010-8287</p>	