

WIRM® Panel Doctor Supplementary Notes 補充資料

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New Case 新症 Follow-up 舊症

This content is confidential and may be subject to legal privilege

Consultation date 診症日期:

Employer 僱主:

Patient 病人姓名 :.....(Male 男 / Female 女)

HKID 身份證號碼:

Telephone no. 電話號碼:.....

DOI 工傷日期 :

Diagnosis 診斷:

As described by the injured the above diagnosis DOES DOES NOT correlate with the injury / disease, etc.

受傷部份 是 否 與工傷有關

Doctor Comments 醫生意見:

Dr. Signature with chop 醫生簽署 : Date 日期 :