

Patient's Label 病人標籤

## 病人授權書 Authorization Letter

本人 \_\_\_\_\_ 門診號  
I \_\_\_\_\_, OPD no. \_\_\_\_\_,

證件種類及號碼 \_\_\_\_\_ 未能親身前往貴院  
type and ID no. \_\_\_\_\_, unable to come in

取藥/看報告。  
person for medication / medical report collection.

現授權 \_\_\_\_\_ 證件號碼  
I hereby authorize \_\_\_\_\_, ID no. \_\_\_\_\_

代取藥/取報告。  
to take the medication / medical report on behalf.

病人姓名 \_\_\_\_\_ 病人簽署  
Patient name \_\_\_\_\_ Patient Signature \_\_\_\_\_

被授權人姓名 \_\_\_\_\_ 被授權人簽署  
Authorized Person name \_\_\_\_\_ Authorized Person Signature \_\_\_\_\_

日期  
Date \_\_\_\_\_

被授權人必須提交病人及被授權人的身份證明文件副件  
Authorized Person should bring the patient's and authorized person's ID photocopy