



授權書 Authorization Letter

本人
I _____ ,

身份証/護照號碼：
ID/Passport No. : _____ ,

未能親身前往貴院。
unable to come to the hospital in person.

現授權
I hereby authorize _____ ,

身份証/護照號碼：
ID/Passport No. : _____ ,

病人標籤 Patient's Label

由醫院張貼
by Hospital

- 代為取藥。
to take the medication on my behalf.
- 代為領取報告。
to take the medical report on my behalf.
- 代為聽取報告。
to listen to the explanation of medical report on my behalf.
- 其他：代為
Other : _____ on my behalf.

病人簽署（按證件式樣）
Patient Signature (as per identification document)

日期（日/月/年）
Date (DD/MM/YY)

被授權人簽署（按證件式樣）
Authorized Person Signature (as per identification document)

日期（日/月/年）
Date (DD/MM/YY)

*被授權人必須提交授權人及本人身份證明文件副件。
*Authorized Person should bring the patient's and authorized person's ID / Passport photocopy.