

醫療報告申請表 Medical Data Request Form

病人資料：

Data Subject :

姓名：

Name: _____

身份証/護照號碼：

ID/Passport No.: _____

聯絡電話：

Contact No.: _____

病人標籤

Patient's Label

由醫院張貼
by Hospital

申請內容

Content of Request

報告日期（日/月/年）：

Visit Date (DD/MM/YY) : _____

申請項目：

Data Type : 醫學影像報告副本/光碟 住院報告副本 化驗報告

Medical Imaging Report/CD Inpatient Medical Record Laboratory Report

門診/體檢報告副本 其他：_____

Outpatient/Health Assessment Medical Record Other : _____

原因及用途： 醫療轉診 疾病津貼 福利援助申請

Reason and Application Medical Referral Sick Allowance Social Assistance

Purpose : 保險索償 法律訴訟 其他：_____

Insurance Claim Legal Proceedings Other : _____

特殊要求：

Specific Requirements : _____

申請人(非病人)資料 (如病人成年而非親自申請，須填寫此部份)

Particulars of (Non-patient) Applicant

(if the patient is an adult and does not apply in person, this section must be completed)

姓名：_____ 身份証/護照號碼：_____ 聯絡電話：_____

Name: _____ ID/Passport No.: _____ Contact No.: _____

申請人類別： 獲授權人士 未成年人之監護人 已故者的法定繼承人

Category of Authorized Person Guardian of children under 18 Legal Heir of the Deceased

Representative: 獲法院授權管理當事人事務之人士

Person Appointed by Courts to Manage the Affairs of the Data Subject

委託領取 (如需)

Collection by a Third Party

本人為上述申請人，現委託 _____ 持身份証/護照號碼 _____ 聯絡電話 _____

I, the abovementioned applicant, now entrust _____ ID/Passport No. _____

Contact No. _____ to collect the medical report.

以下由內部人員填寫
For Official Use

紀錄編號：
Record No.: _____

收取者/日期：
Received/Date: _____

主管審批/日期：
Approval/Date: _____

覆核者/日期：
Collected/Date: _____

醫療報告申請須知

注意事項

1. 申請人需填妥申請表並提交有關證明文件（詳閱"提交申請所需文件"部份）；
2. 申請人提供的資料和證明只作該次申請審核和存檔用途。倘提供不正確／不完整的資料需承擔因此所引起的責任和後果；
3. 獲授權之保險公司或機構應提交由資料當事人或法定代表（需連同有關證明）簽署的有效授權書確認本。

辦理地點

地點：澳門銀葵醫院接待處

查詢電話：+853 2832 2283

辦公時間：上午9時至晚上7時（週一至週六）週日及公眾假期休息。

申請資格

病人本人（未成年者需由監護人提出）或獲授權人士。

提交申請所需文件

1. 填妥之「醫療報告申請表」；
2. 出示以下證明文件正本及遞交副本。

申請人類別	證明文件
未成年人士監護人	關係證明及雙方身份證
已故者的法定繼承人	死亡證明書、繼承人證明及雙方身份證
獲法院授權管理當事人事務之人士	法院發出的證明文件及雙方身份證
獲授權人士	授權書及雙方身份證

所需時間

預計需時7個工作天，以電話通知申請人領取。

領取報告所需文件

領取人	需出示及提交證明
本人領取	1. 醫療報告申請表副本 2. 本人證件正本
受委託人領取	1. 醫療報告申請表副本 2. 申請人證件副本 3. 受委託人證件正本及提交副本

Notice for Application of Medical Report

Important Notes

1. Applicants are required to complete the request form and provide the relevant supporting document (see “Required Documents” for details);
2. The information and documentary evidence provided by the applicant will only be used for the purposes of application review and file handling. Any inaccurate or incomplete information shall be held responsible for all consequences arising therefrom;
3. Authorized insurance companies or institutions must provide a true copy of a valid authorization letter signed by the Data Subject or legal representative (together with relevant documentary evidence). The letter must be submitted by using the company’s official letter, and must indicate the requesting department, requesting date, and reason for request.

Location for Application

Location: Reception, Macau Yin Kui Hospital

Enquiry: +853 2832 2283

Service Hours: 09:00 to 19:00 (Mondays to Saturdays), closed on Sundays and public holidays.

Eligibility

Data Subject (should be aged 18 or above; guardian may apply on behalf of their children aged below 18) or person authorized by the Data Subject.

Required Documents

1. A duly completed Medical Data Request Form;
2. A photocopy of the following supporting documents, applicant must produce the original for verification.

Applicant Category	Supporting Document
Guardian of children under 18	Proof of ascendant relation and identity document of both parties
Legal heir of the deceased	A death certificate, proof of heir and identity document of both parties
Person appointed by courts to manage the affairs of the Data Subject	A court document issued by a court and identity document of both parties
Authorized person	Authorization Letter and identity document of both parties

Collection and Processing Time

The processing time is about 7 working days. The applicant will be notified by telephone.

Required Documents for collection of reports

Recipient	Supporting documents to be produced/provided
Applicant	<ol style="list-style-type: none"> 1. Medical Data Request Form Copy 2. Original ID of the applicant
A third party	<ol style="list-style-type: none"> 1. Medical Data Request Form Copy 2. ID Copy of the applicant 3. Original ID and ID copy of the authorized person