

摯衛妳女性保障賠償申請表
LadyVital Female Protection Claim Form

CS-CLA19

第一部份 PART I

此表格適用於「摯衛妳女性保障」的賠償申請。

This form is applicable for LadyVital Female Protection Plan.

為使有關賠償申請能盡速辦理，此申請表必須由受保人/保單持有人填妥及簽署。

In order to process your claim promptly, this form must be duly completed and signed by Insured/Policyholder.

甲) 受保人資料 A) Particulars of Insured			
保單號碼 Policy No.	受保人姓名 Name of Insured	年齡 及 性別 Age and Sex	身份證/ 護照號碼 I.D. Card / Passport No.
聯絡電話 Contact phone no:		<input type="checkbox"/> 首次索償 New Claim <input type="checkbox"/> 再度索償 Further Claim	
通訊地址 Mailing Address			
乙) 病症性質及有關資料 B) Nature of illness and related information			
1. 病症名稱 Name of illness			
2. 請描述症狀 Please describe symptoms			
3. 症狀何時開始出現? When did these symptoms first appear?		_____ 年/月/ 日 YY/MM/DD	
4. 初診醫生/醫院的資料: The physician/hospital first consulted for this injury or illness.		求診日期 Date of consultation: _____ 年/月/ 日 YY/MM/DD 醫生/醫院名稱及地址 Name & Address of Physician/Hospital	
5. 其他曾診治此症或過往類似病況的醫生/醫院資料: Other physicians/hospital consulted for this or similar conditions:		求診日期 Date of consultation: _____ 年/月/ 日 YY/MM/DD 醫生/醫院名稱及地址 Name & Address of Physician/Hospital	
9. 閣下是否在其他保險公司投保類似的保障? 若有, 請提供詳細資料。 <input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No Are you insured with other insurance company for similar benefits? If yes, please give details. 保險公司 Name of Insurance Company 保單號碼 Policy No. 保障類別及保障金額 Type & Amount of benefit			

丙) 必須提供的索償文件 C) Claims documents to be submitted

1. 由主診醫生填寫之賠償申請表第二部份 應診醫生報告書
Claim Form Part II Attending Physician's Statement to be completed by the attending physician
2. 化驗/ X光 / 電腦掃描/ 磁力共震/ 相關病理檢驗報告(如適用者)
Laboratory/ X-ray / CT Scan/ MRI/ Pathological Reports (if applicable)

丁) 領款方式 D) Cheque Collection Method

郵寄 By Mail 親自提取 In person 經銀行營業員轉送(請指定銀行分行及經辦人員) Bank(Please state the branch and bank officer) 經代理人轉送 Agent 其他(請說明) Others (please specify)

聲明及授權 Declaration and Authorization

聲 明

本人謹此聲明及同意(1)上述一切陳述及問題的所有答案，不論是否本人親手所寫，就本人所知所信，均為事實之全部並確實無訛；本人明白倘有任何未知是否屬於重要事項的資料均須透露；(2)本人對任何人所作出之任何聲明，如沒有在此申請書上填寫或印出，貴公司不須受其約束。若相關人士不能提供任何此賠償申請表所需的資料，貴公司可能因此不能審核及處理此賠償申請。

DECLARATION

I HEREBY DECLARE and AGREE that (1) all the foregoing statements and answers to all questions whether or not written by my own hand are to the best of my knowledge and belief complete and true; I also understand that in the event of doubt as to whether a fact is material, it should be disclosed here. (2) The Company is not bound by any statement which I may have made to any person if not written or printed here. If any relevant persons fail to provide any information requested in this claim form, it may result in the Company's inability to process and deal with this claim.

授 權

本人謹此授權 (1) 任何僱主、註冊西醫、醫院、診所、保險公司、銀行、政府機構、或其他機構、組織或人士、凡知道或持有任何有關本人/受保人之紀錄者，均可將該等資料提供、發放及轉交給中國人壽保險(海外)股份有限公司；(2) 公司或任何其指定之醫生或化驗所，可就此賠償申請替本人/受保人進行所需之醫療評估及測試，作為審核本人/受保人之健康狀況。此授權對本人/受保人之繼承人及授讓人具有約束力；即使本人/受保人死亡或無行為能力時，此授權書仍具效力。此授權書的影印本與正本均有同等效力。

AUTHORIZATION

I HEREBY AUTHORIZE (1) any employer, registered medical practitioner, hospital, clinic, insurance company, bank, government institution, or other organization, institution or person, that has any records or knowledge of me/the insured to disclose, release and transfer such information to Company Limited.; (2) China Life Insurance (Overseas) Company Limited or any of its appointed medical examiners or laboratories to perform the necessary medical assessment and tests to evaluate the health status of myself/the insured in relation to this claim. This authorization shall bind the successors and assignees of me/the insured and remains valid notwithstanding death or incapacity. A photocopy of this authorization shall be as valid as the original.

受保人/保單持有人簽署 Signature of Insured/Policyholder	受保人/保單持有人姓名 Name of Insured/Policyholder	身份證/護照號碼 I.D. Card / Passport No.	日期(年/月/日) Date (YY/MM/DD)
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備註: 此聲明及授權書必須由受保人簽署，若受保人為小童，則可由其家長或合法監護人簽署。
Remarks: This declaration and authorization must be signed by the insured. If the insured is a minor, the insured's parent/legal guardian can sign on his/her behalf.
如受保人因傷殘不能書寫，其家屬或代理人可代為填寫此申請書及簽字。
In the event of the Insured is physically incapacitated and prevent from signing, PART I may be signed by a close relative or other representative authorized by the Insured.

若簽署者非受保人，請填寫此欄 Please complete if the signature is not given by the Insured.

受保人姓名 (正楷書寫) _____ Name of insured (in block letter)	與受保人/保單持有人關係 _____ Relationship with Insured/ Policyholder
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保險中介人專用 For Insurance Intermediary use only

本人認為上述之答案全屬正確無訛。
I believe that the answers given above are true and to the best of my knowledge.

保險中介人簽署 Signature of Insurance Intermediary	保險中介人姓名 (正楷填寫) Name of Insurance Intermediary (in block letter)	保險中介人代碼(如適用者) Insurance Intermediary Code (if any)	日期 (年/月/日) Date (YY/MM/DD)
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收集個人資料聲明 PERSONAL INFORMATION COLLECTION STATEMENT

聲明和授權：本人/我們確認本人/我們已閱讀並明白收集個人資料聲明（“本聲明”）。本人/我們特此確認並同意公司根據本聲明使用和移轉本人/我們的個人資料，包括為直接促銷之目的使用和提供本人/我們的個人資料。本人/我們已取得在此申請提供第三方資料（如有）所需的同意。本人/我們確認並同意為本聲明中所述之目的將本人/我們的個人資料移轉至香港境外給本聲明所述的承轉人的類別。

重要提示：請於以下簽署部份簽名，以示閣下同意。若閣下不同意根據“為直接促銷目的而使用個人資料”部份所述為直接促銷之目的而使用和提供閣下的個人資料，請在以下方格劃上「✓」號。

Declaration and authorization: I/We acknowledge and confirm that I/we have read and understood the Personal Information Collection Statement (“PICS”). I/we hereby give my/our acknowledgement and agree to the use and transfer of my/our personal data by the Company in accordance with the PICS, including the use and provision of my/our personal data for the purpose of direct marketing. I/we have obtained the consent to provide the third party information (if any) in this application. I/we acknowledge and consent to the transfer of my/our personal data outside of Hong Kong for the purposes and to the types of transferee as set out in the PICS.

Important: Please indicate your agreement by signing on the space provided below. If you do not agree to the use and provision of your personal data for direct marketing as set out in the section “Use of data in direct marketing”, please tick the box below.

- 本人/我們不同意根據以上收集個人資料聲明（參閱“為直接促銷目的而使用個人資料”部份）為直接促銷之目的而使用和提供本人/我們的個人資料，亦不希望接收任何推廣及直接促銷材料。
I / We do not agree with the use and provision of my / our personal data for direct marketing purposes as set out above in the Personal Information Collection Statement (see “Use and provision of personal data in direct marketing”) and do not wish to receive any promotional and direct marketing materials.

受保人/保單持有人簽署 日期(年/月/日)
Signature of Insured/Policyholder Date (YY/MM/DD)

收集個人資料聲明 中國人壽保險（海外）股份有限公司

中國人壽保險（海外）股份有限公司（下稱“本公司”）明白其在《個人資料（私隱）條例》下就個人資料的收集、持有、處理或使用所負有的責任。本公司僅將為合法和相關的目的收集個人資料，並將採取一切切實可行的步驟，確保本公司所持個人資料的準確性。本公司將採取一切切實可行的步驟，確保個人資料的安全性，及避免發生未經授權或者因意外而擅自取得、刪除或另行使用個人資料的情況。

閣下的個人資料為自願提供。敬請注意，如果閣下不向本公司提供所需的個人資料，我們可能無法提供閣下要求的資料、產品或服務。

目的：本公司不時有必要使用閣下的個人資料作下列用途：

1. 向閣下推介、提供和營銷本公司、中國人壽保險（海外）集團的其他公司（“本公司關聯方”）或本公司聯合品牌合作夥伴的產品／服務（參閱下文“為直接促銷目的而使用個人資料”部份），以及提供、維持、管理和操作該等產品／服務；
2. 處理和評估閣下就本公司及本公司關聯方的產品／服務提出的任何申請或要求；
3. 向閣下提供後續服務（包括但不限於健康檢測和／或健康管理服務）及執行／管理已發出的保單，例如增加、更改、變更、撤銷、續期或恢復；
4. 就本公司和／或本公司關聯方提供的任何產品／服務而由與閣下或其他索賠方提出的、針對閣下或其他索賠方提出的、或者其他涉及閣下或其他索賠方的任何索賠相關的任何目的，包括對索賠進行調查；
5. 評估閣下的財務需求；
6. 為本公司和本公司關聯方設計新的產品／服務或改進現有的產品／服務；
7. 為本公司和／或本公司關聯方、金融服務行業或相關的監管機構的統計或類似目的進行市場或精算研究；
8. 基於本聲明所列的任何目的，將本公司不時持有並與閣下有關係的任何資料進行核對；
9. 滿足任何適用法律、規則、規例、實務守則或指引規定的要求，或協助在香港或香港以外其他地方的警方或其他政府或監管機構執法及進行調查；
10. 進行身份和／或信用核查和／或債務追收；
11. 開展與本公司業務經營有關的其他服務；
12. 就 閣下在本公司持有的任何帳戶或本收集個人資料聲明（“本聲明”）未來的變更發出行政性通訊；及
13. 與上述任何目的直接有關的其他目的。

個人資料的移轉：個人資料將予以保密，但在遵守任何適用法律條文的前提下，可移轉予：

1. 任何本公司關聯方；
2. 就本公司和／或本公司關聯方提供的任何產品／服務而由閣下或針對閣下提出的、或者其他涉及閣下的任何索賠相關的任何人士（包括私人調查方和索賠調查公司）；
3. 就本公司和／或本公司關聯方所提供產品／服務提供服務的任何代理、承包商或第三方，包括任何再保險公司、保險中介、基金管理公司、健康管理機構或金融機構；
4. 就業務經營關係向本公司和／或本公司關聯方提供行政、技術、數據處理、電訊、電腦、支付、債務追收、電話中心服務、直接促銷服務或其他服務的任何代理、承包商或第三方；
5. 協助收集閣下資料或與閣下聯絡的其他公司，例如研究公司、信貸資料機構或（在出現拖欠還款的情況下）追討欠款公司；
6. 本公司權利或業務的任何實際或建議的承讓方、受讓方、參與者或次參與者；
7. 任何適用法律、規定、法規、實務守則或指引要求或規定本公司和／或本公司關聯方向其作出披露的任何政府部門或其他適當的政府或監管機關；及
8. 任何金融服務供應商的行業協會或聯會。

閣下的個人資料可能會提供給上述任何一方（該方可能位於香港境內或境外）。而就此而言，閣下同意將閣下的資料移轉至香港境外。

閣下的個人資料將僅為上文中規定的一個或多個有關目的而被移轉。如欲瞭解本公司為推廣或促銷目的而使用閣下的個人資料的政策，請參閱下文“為直接促銷目的而使用個人資料”部份。

為直接促銷目的而使用個人資料：本公司打算：

1. 使用本公司不時持有的閣下的姓名、聯絡資料、產品和服務的組合資料、交易模式和行為、財政背景和統計數據以進行直接促銷；
2. 就本公司、本公司關聯方和本公司聯合品牌合作夥伴可能提供下列類別的產品和服務進行直接促銷（包括提供獎賞、客戶或會員或優惠計劃）：
 - a) 保險、年金、銀行、財富管理、退休計劃、投資、金融服務、信用卡、證券以及相關產品和服務；及
 - b) 有關健康、保健及醫療、餐飲、體育活動、會籍及相關產品和服務；
3. 上述產品和服務將可能由本公司和／或下列機構提供：
 - a) 任何本公司關聯方；
 - b) 第三方金融機構；
 - c) 提供本部份第2段所列的產品及服務的本公司和／或關聯方之聯合品牌合作夥伴；
 - d) 第三方獎賞、客戶或會員或優惠計劃的提供者；
 - e) 支援本公司或任何以上所列機構提供本部份第2段所列的產品及服務的外部服務提供者；
4. 除由本公司促銷上述產品和服務外，本公司亦有意將本部份第1段所述的資料提供予本部份第3段所述的全部或任何人士，以供該等人士作促銷該等產品及服務之用。
5. 本公司需取得閣下的書面同意（包括表示不反對）方可為任何推廣或促銷目的而使用並向上文所述的第三方提供資料。

閣下可隨時撤回給予本公司有關使用閣下的個人資料及提供予第三方作直接促銷用途的同意，而本公司將在不收取任何費用的情況下停止使用該等資料作直接促銷用途。閣下如欲撤回閣下給予本公司的同意，請聯絡我們的個人資料保護主任（詳情參閱下文）。

個人資料的查閱和更正：根據《個人資料（私隱）條例》，閣下有權查明本公司是否持有閣下的個人資料，獲取該資料的副本，更正任何不準確的資料，以及查明本公司有關個人資料的政策及常規。閣下還可以要求本公司告知閣下本公司所持個人資料的種類。

查閱和更正的要求，或有關獲取政策、常規及所持的資料種類的資料，均應以書面形式發送至：

個人資料保護主任
中國人壽保險（海外）股份有限公司
香港灣仔
軒尼詩道313號
中國人壽大廈22樓
電話：3999 5519
傳真：2892 0520

本公司可能會向閣下收取合理的費用，以抵銷本公司為執行閣下的資料查閱要求而引致的行政和實際費用。

在本聲明中，下列詞語將具有以下的含義：

“中國人壽保險（海外）集團”指本公司、本公司任何附屬公司、本公司任何關聯公司、本公司任何相聯公司、以及本公司的直接和／或間接母公司、任何該等母公司的任何附屬公司、它們的任何關聯公司、它們的任何相聯公司，包括，為避免疑義，中國人壽保險（集團）公司集團內之公司（“集團成員”應作相應解釋）；和
“附屬公司”、“母公司”和“公司”均具有《公司條例》（第32章）項下之含義。

PERSONAL INFORMATION COLLECTION STATEMENT

China Life Insurance (Overseas) Company Limited

China Life Insurance (Overseas) Company Limited (the “Company”) recognizes its responsibilities in relation to the collection, holding, processing or use of personal data under the Personal Data (Privacy) Ordinance. Personal data will be collected only for lawful and relevant purposes and all practicable steps will be taken to ensure that personal data held by the Company is accurate. The Company will take all practicable steps to ensure security of the personal data and to avoid unauthorized or accidental access, erasure or other use.

The provision of your personal data is voluntary. Please note that if you do not provide us with the required personal information, the Company may not be able to provide your requested information, products or services.

Purpose: From time to time it is necessary for us to use your personal data for the following purposes:

1. offering, providing and marketing to you the products/services of the Company, other companies of the China Life Insurance (Overseas) Group (“our affiliates”) or our co-branding partners (see “Use of Personal Data for Direct Marketing Purposes” below), and administering, maintaining, managing and operating such products/services;
2. processing and evaluating any applications or requests made by you for products/services offered by the Company and our affiliates;
3. providing subsequent services (including but not limited to health inspection / management) to you and administering the policies issued e.g. additions, alterations, variations, cancellation, renewal or reinstatement;
4. any purposes in connection with any claims made by or against or otherwise involving you or other claimants in respect of any products/services provided by the Company and/or our affiliates, including investigation of claims;
5. evaluating your financial needs;
6. designing new or enhancing existing products/services of the Company and our affiliates;
7. conducting market or actuarial research for statistical or similar purposes undertaken by the Company and/or our affiliates, the financial services industry or our respective regulators;
8. matching any data held which relates to you from time to time for any of the purposes listed herein;
9. meeting requirements imposed by any applicable law, rules, regulations, codes of practice or guidelines or assisting with law enforcement purposes, investigations by police or other government or regulatory authorities in Hong Kong or elsewhere;
10. conducting identity and/or credit checks and/or debt collection;
11. carrying out other services in connection with the operation of the Company’s business;
12. sending out administrative communications about any account you may have with the Company or about future changes to this Personal Information Collection Statement (“PICS”) and
13. other purposes directly relating to any of the above.

Transfer of personal data: Personal data will be kept confidential but, subject to the provisions of any applicable law, may be transferred to:

1. any of our affiliates;
2. any person (including private investigators and claims investigation companies) in connection with any claims made by or against or otherwise involving you in respect of any products/services provided by the Company and/or our affiliates;
3. any agent, contractor or third party who provide services in connection with the product/services provided by the Company and/or our affiliates, including any reinsurance company, insurance intermediary, fund management company, health management institution or financial institution;
4. any agent, contractor or third party who provides administrative, technology, data processing, telecommunications, computer, payment, debt collection, call centre services, direct marketing services or other services to the Company and/or our affiliates in connection with the operation of its business;
5. other companies who help gather your information or communicate with you, such as research companies and credit reference agencies or, in the event of default, debt collection agencies;
6. any actual or proposed assignee, transferee, participant or sub-participant of our rights or business;
7. any government department or other appropriate governmental or regulatory authority to whom the Company and/or our affiliates are requested or required by any applicable law, rules, regulations, codes of practice or guidelines to make disclosures; and
8. any financial services provider industry association or federation.

Your personal data may be provided to any of the above parties who may be located in Hong Kong or outside of Hong Kong, and in this regard you consent to the transfer of your data outside of Hong Kong

Transfer of your personal data will only be made for one or more of the purposes specified above. For our policy on using your personal data for promotional or marketing purposes, please see the section entitled “Use of Personal Data for Direct Marketing Purposes”.

Use of Personal Data for Direct Marketing Purposes: The Company intends to:

1. Use your name, contact details, products and services portfolio information, transaction pattern and behavior, financial background and demographic data held by the Company from time to time for direct marketing;
2. Conduct direct marketing (including providing reward, loyalty or privileges programmes) in relation to the following classes of products and services that the Company, our affiliates and our co-branding partners may offer:
 - a) [insurance, annuities, banking, wealth management, retirement plans, investment, financial services, credit cards, securities and related products and services]; and
 - b) [health, wellness and medical, food and beverage, sporting activities, memberships and related products and services];
3. The above products and services may be provided by the Company and/or:
 - a) any of our affiliates;
 - b) third party financial institutions;
 - c) the co-branding partners of the Company and/or affiliates providing the products and services set out in 2;
 - d) third party reward, loyalty or privileges programme providers;
 - e) external service providers supporting the Company or any of the above listed entities in providing the products and services set out in 2;
4. In addition to marketing the above products and services, the Company also intends to transfer provide the data described in 1 above to all or any of the persons described in 3 above for use by them in marketing those products and services.
5. The Company requires your written consent (which includes an indication of no objection) to use and provide the data to the third parties as set out above for any promotional or marketing purpose.

You may withdraw your consent to the use and provision to a third party of your personal data for direct marketing purposes at any time, and thereafter the Company shall, without charge to you, cease to use such data for direct marketing purposes. If you wish to withdraw your consent, please contact our Data Protection Officer (details below).

Access and correction of personal data: Under the Personal Data (Privacy) Ordinance, you have the right to ascertain whether the Company holds your personal data, to obtain a copy of the data, to correct any data that is inaccurate, and to ascertain the Company’s policies and practices in relation to personal data. You may also request the Company to inform you of the type of personal data held by it.

Requests for access and correction or for information regarding policies and practices and types of data held should be addressed in writing to:

The Data Protection Officer
China Life Insurance (Overseas) Company Limited
22/F, CLI Building,
313 Hennessy Road,
Wan Chai, Hong Kong
Telephone: 3999 5519
Fax:2892 0520

A reasonable fee may be charged to offset the Company’s administrative and actual costs incurred in complying with your access requests.

In this statement, the following terms shall have these following meanings:-

“The China Life Insurance (Overseas) Group” means the Company, any subsidiary undertaking of the Company, any related company of the Company, any associated company of the Company, and direct and/or indirect parent undertaking of the Company, any subsidiary undertaking of any such parent undertaking, any of their related companies, any of their associated companies including, for the avoidance doubt, undertaking within the group of China Life Insurance (Group) Company (and “Group member” shall be construed accordingly); and

The expressions “subsidiary undertaking”, “parent undertaking” and “undertaking” bear the meanings under the Companies Ordinance (Cap.32)

第二部份 PART II

由主診醫生填寫，所有費用由索償人自行承擔

To be completed by the attending physician at the claimant's own expenses.

病人姓名 Name of Patient	年齡及性別 Age and Sex	身份證/ 護照號碼 I.D.Card / Passport No.
A. 臨床資料 CLINICAL DETAILS		
1 病人之醫療記錄可追溯至 We can trace the medical record of patient back to _____ (年/月/日 YY/MM/DD)		
2 首次出現病徵日期發生日期 Date of the symptoms first appeared _____ (年/月/日 YY/MM/DD)		
3 病人首次有關此病症之求診日期 Date of first consultation for this condition or related illness _____ (年/月/日 YY/MM/DD)		
4 請詳細說明首次會診時之徵狀和病症 Please describe the symptoms and complaints at first consultation. _____ _____		
5 病人是否由其他醫生轉介？如是，請提供該醫生之姓名及地址。 Is the patient referred by other physician? If yes, please give the name and address of the referring doctor. _____ _____		
6 診斷 Diagnosis _____		
7 何時確診 When was the diagnosis made _____ (年/月/日 YY/MM/DD)		
8 請提供癌症之病理分期 Please state the staging of cancer _____		
9 腫瘤是否已浸潤至其他鄰近的細胞或器官組織？如是，請提供詳細資料： Was there invasion of adjacent tissues? Is so, please provide details		
10. 所有關於是項診斷之治療、檢查及其結果、有否任何併發症及出院後之覆診或跟進計劃 Any treatments, investigation procedures, results, and/or any complications and follow up plan regarding the subject diagnosis.		

B. 閣下之專業意見 PROFESSIONAL COMMENT

1. 是次癌症是否復發個案，或與過往其他病況有關？如是，請提供有關診治日期及治療詳情。
Is the Cancer a recurrent episode or related to any previous conditions? If so, please provide details of the diagnosis and treatments.

是Yes 否No

診治日期 Date of diagnosis/treatments (年/月/日 YY/MM/DD)

詳情(包括診斷/治療/檢查及結果) Details(including diagnosis/ treatments/ investigations and results)

2. 病人之家族史有否增加病人患上此症的風險? Is there any patient's family history which would increase the risk of this illness?

3. 病情預測The prognosis of the condition.

4. 是否與人體免疫缺損病毒有關 Is it HIV related?

C. 其他醫療病史 OTHER MEDICAL HISTORY

1. 請圈出病人過往有否以下病症/習慣。 Does the patient have any medical history or habit as indicated below? Please circle the appropriate.

哮喘 Asthma /心臟病 Cardiac problem /糖尿病 Diabetes Mellitus / 乙型肝炎 Hepatitis B / 高血壓 Hypertension /

曾接受手術 Previous operation /濫藥 Drug abuse /飲酒習慣 Drinking /吸煙習慣 Smoking /

其他疾病，請說明 Other disease, please specify _____ / 以上皆沒有 None

2. 該病人曾否因患上述疾病或其他嚴重疾病接受醫生或醫院治療？如是者，請述詳情。 Had the patient previously been treated or hospitalized for the above disease or other major disease? If so, please give details.

日期

疾病

治療/住院詳情

醫生姓名/醫院名稱

Dates

Disease

Details or treatment/hospitalization

Name of Physician/Hospital

3. 請提供飲酒/吸煙習慣詳情 Please provide details of Drinking & Smoking habit.

習慣始自 Drinking/ Smoking start date since _____ (年/月/日 YY/MM/DD)

每日用量 Daily consumption _____ (支/包/樽/罐 piece/ pack/ bottle/ can)

主診醫生姓名 Name of Attending physician

資歷 Qualification

地址 Address

聯絡電話 Contact Phone No.

主診醫生簽署/ 醫院蓋章

日期 (年/月/日)

Signature & Stamp of Attending Physician/ Hospital

Date (YY/MM/DD)