

訂購復必泰二價疫苗之前請確保閣下符合以下條件:

Please ensure that the following conditions are met before ordering:

- 所有接種人士均為 12 歲或以上
Applicable for persons aged 12 years or above.
- 已完成基礎新冠疫苗接種並相隔 90 日
Must be completed the COVID-19 vaccine in 90 days apart.
- 若閣下曾感染新冠病毒，建議在康復後三個月後才接種復必泰二價疫苗
If you have been infected with COVID-19, it is recommended to receive the vaccination at least 3 months from recovery.

訂購程序：

Ordering procedure:

步驟一：填寫登記表格並前往付款

Step 1: Fill-in the application form

步驟二：付款後，與我們聯絡並確定接種日期及時間

Step 2: Complete the payment, and contact us for booking

步驟三：出席當天，帶同有效身份證明文件及疫苗接種記錄到本醫院或醫療中心接種

Step 3: Bring along with valid personal identification document and vaccination record on the appointment date.

條款及細則：

Terms and Conditions:

- 所有已繳款的項目將不獲退款。
All the payment is non-refundable and cannot be exchanged.
- 付款一經確認後，客人必須於 30 天內預約並完成接種。
The appointment and vaccination must be completed within 30 days once the payment has been confirmed.
- 客人可在預約接種日三個工作天前免費更改日期及時間一次，之後每次更改須收取港幣 500 元正。預約接種日前三個工作天內不能更改。
Any rescheduled within 3 working days of the appointment (free for the 1st rearrangement), for further rescheduling is subject to a HK\$500 (each) admin fee. No changed/rescheduled with less than 3 working days notice.
- 如須約見醫生，將另收費港幣 590 元正。
The listed price is included vaccination fee and injection fee. For doctor consultation fee is HK\$590.
- 如客人接種後需特別醫療服務及照顧，本院將會收取額外醫療費用。
For special needs of medical services, Matilda will charge additional medical expenses.
- 明德國際醫院會因應個別人士之情況而保留拒絕提供服務的權利。
Matilda reserves the right to refuse services due to individual circumstances.

明德醫院專用：For internal use only:

收到日期:

Received Date:

簽收:

Signature:

步驟一：選項及填寫個人資料

Part 1: Select package and fill-in the personal details

項目 Item	套餐 Package	總數 Total Price	數量 Amount
復必泰二價疫苗 BioNtech Bi-valent Vaccine	3人 For THREE persons	港幣 (HKD) 7,500 每針費用為港幣 HKD 2,500 (per person)	
	4人 For FOUR persons	港幣 (HKD) 7,200 每針費用為港幣 HKD 1,800 (per person)	
	5人 For FIVE persons	港幣 (HKD) 9,000 每針費用為港幣 HKD 1,800 (per person)	
	6人 For SIX persons	港幣 (HKD) 9,600 每針費用為港幣 HKD 1,600 (per person)	
		總數 : Total :	

主聯絡人/付款人 Contact Person			
稱呼 Title	<input type="checkbox"/> 先生 Mr <input type="checkbox"/> 太太 Mrs <input type="checkbox"/> 女士 Ms <input type="checkbox"/> 小姐 Miss	性別 Sex	<input type="checkbox"/> 男 Male <input type="checkbox"/> 女 Female <input type="checkbox"/> 其他 Others
姓名 (中文) Name in Chinese	姓氏 (英文) Surname in English	名 (英文) Given name in English	
手機號碼 Contact NO.	電郵 Email address		
接種人姓名 (如可提供) Personal Details of Vaccine Recipient (if any)			
接種人 1 Recipient's name 1	接種人 2 Recipient's name 2	接種人 3 Recipient's name 3	
接種人 4 Recipient's name 4	接種人 5 Recipient's name 5	接種人 6 Recipient's name 6	

希望接種地點及日期：

Appointment Date and Location :

<input type="checkbox"/> 明德國際醫院：山頂加列山道 41 號 (服務時間：星期一至日上午 8 時至下午 8 時) Matilda International Hospital : 41 Mount Kellett Road, The Peak, Hong Kong (Opening Hour : Monday – Sunday, 08:00-20:00)
<input type="checkbox"/> 明德醫療中心：中環皇后大道中 39 號豐建創盛大廈 3 樓 (服務時間：星期一至五上午 8:30 至 5:30 時；星期六上午 8 時半至下午 1 時半) Matilda Medical Centre : 3/F, Prosperity Tower, 39 Queen's Road Central, Hong Kong (Opening Hour : Monday – Friday, 08:30-17:30; Saturday, 08:30-13:30)

預約接種 首選日期：Appointment Date (1 st option)
預約接種 次選日期：Appointment Date (2 nd option)

注意：此資料只供參考，最終日期有待醫院/醫療中心確認

Remarks : The final appointment date is subject to confirmation by hospital/medical centre.

步驟二：付款

Part 2: Payment

<p>方法一：信用卡</p> <p><u>Option 1: Credit Card</u></p>	<p><input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> AE <input type="checkbox"/> 銀聯</p> <p>卡號 Card No. _____</p> <p>持卡人姓名 Name of Card Holder _____</p> <p>有效期 Valid Date (MM/YY) _____</p> <p>安全碼 CVC _____ (三位數字)</p> <p>持卡人簽署 Signature _____</p>
<p>方法二：Payme</p> <p><u>Option 2: Payme</u></p>	<p>注意 *Remarks*</p> <ol style="list-style-type: none">請於付款時的備註欄填寫主聯絡人/付款人姓名 Please fill out the name of Contact person on Remarks during payment.付款成功後，請截圖並連同此表格發送給我們 Send us a screen-shot on the payment confirmation. 

步驟三：確認及預約

Part 3 : Appointment Confirmation

- 完成表格及付款後，請將此表格連同付款截圖（適用於付款方法2）發送到：電郵：opd@matilda.org OR mmc.central@matilda.org
Send the completed application form and payment screenshot (if using by Payme) to : opd@matilda.org OR mmc.central@matilda.org
- 收到表格後，本院會有專人與你聯絡及安排接種時間
Matilda will contact you once we have received the application.

聲明（必須填寫）：

Declaration and Signature

- 本人已閱讀表格上的條款及細則，並確認所有接種者均符合所列明的條件。

I have read and understood the Terms and Conditions on the form and confirm all the recipients meet the conditions listed.

簽署 Signature _____

日期 Date _____