

**matilda**

International Hospital

明德國際醫院

**Fax Booking for Admission / Surgery  
Clinical Form CP&P006[11]****FAX BOOKING FOR ADMISSION / SURGERY**

41 Mount Kellett Road, The Peak, HK.

O.T. Tel No: 2849 1521 MS Tel No: 2849 1200

O.T. Fax No: 2849 2294 MS Fax No: 2849 2564

PATIENT NAME: \_\_\_\_\_

SURNAME

FIRST NAME

DATE OF BIRTH: \_\_\_\_\_ AGE: \_\_\_\_\_ SEX: \_\_\_\_\_

HKID / PASSPORT NO: \_\_\_\_\_

CONTACT NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

**For Hospital use only**

Fax received from: \_\_\_\_\_

Fax received by: \_\_\_\_\_

Fax to: OT ☐ PSC ☐ MS ☐ MAT ☐

Date and Time: \_\_\_\_\_

By whom: \_\_\_\_\_

Budget Estimate Form: (If Applicable)

Form A

YES ☐ NO ☐**PROCEDURAL INFORMATION**

Surgeon: \_\_\_\_\_ Asst. Surgeon: \_\_\_\_\_

Anaesthetist: \_\_\_\_\_ Paediatrician: \_\_\_\_\_

**For Hospital use only:**

Booked by Staff Name: \_\_\_\_\_ Dept. \_\_\_\_\_

Primary Doctor: \_\_\_\_\_ Date of Referral: \_\_\_\_\_

**To be completed by Doctors' Clinic (ALL FIELDS MUST BE FILLED)**Any History of Other Hospital Admission Within Last 3 Months: NO ☐ YES ☐ Pre-hospital VRE Screening

Any History of Admission to Intensive Care Unit Within Last 3 Months / Known MRSA Carrier:

NO ☐ YES ☐ Pre-hospital MRSA ScreeningKnown Allergies: ☐ NO ☐ Yes, Please Specify: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Treatment/Operation: \_\_\_\_\_

Operation Date: \_\_\_\_\_ Time: \_\_\_\_\_ am/pm

Type of Anaesthesia: \_\_\_\_\_

Investigations on Admission: \_\_\_\_\_

Special Instrument/Equipment/Instruction: \_\_\_\_\_

Patient to be Admitted on: \_\_\_\_\_ Time: \_\_\_\_\_ am/pm

Room: Private / Twin / Standard

Length of Stay: \_\_\_\_\_

\* This document is confidential and may be legally privileged. If you receive it by mistake, please destroy it and inform us immediately. You must not disclose or use the information in this document if you are not the intended recipient.

For enquiries please call the Matilda International Hospital on 2849-0111 or your doctor's clinic.

To improve efficiency register online before admission. [www.matilda.org](http://www.matilda.org)

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## **NOTICE TO PATIENTS**

**Please do not eat or drink \_\_\_\_\_ hours before your operation time.**

### **Attention:**

1. Bring your Hong Kong Identity Card or Passport (birth certificate for patient under 12 years old). This is very important – the law forbids hospitals offering medical treatment without proof of identity
2. Bring this fax booking/admission form.
3. Bring all test results and X-rays or scans.
4. Bring a list of your medication(s) and their dosage.
5. Bring your medical benefits card or guarantee letter from the company if part or all of your medical expenses are to be borne by your employer or insurance company.
6. If your employer or insurance company has not provided a guarantee letter for your medical expenses, a deposit of HK\$ 20,000 or 50% of the estimate total charges, subject to which is higher.
7. Please go to the Admission Desk on the Ground Floor when you arrive at the Matilda International Hospital.

### **Insurance procedures prior to your admission:**

If you have medical insurance, please contact your insurance company prior to admission. Some insurance companies will only be responsible for payment with advance approval.

### **Transportation:**

Free parking is available.

Matilda Hospital's complimentary shuttle bus leaves the area outside the City Hall at 40 minutes past every hour from 6:40am to 6:40pm and leaves Matilda Hospital at 10 minutes past every hour.

(There is no service between noon and 1pm.)

No. 1 green minibus goes from IFC II, Central to the Hospital main gate

### **Please Note:**

Do not plan to drive yourself home following surgery or medical procedures.

Please leave all your valuables at home.

Check out time is 11:30am. When No. 8 or higher typhoon signal, or black rain warning is hoisted, please contact the hospital before you come as only limited and emergency services will be provided.

### **Infection Screening:**

Matilda International Hospital supports additional infection and contact control measures to reduce the risk of Multi Resistant Staphylococcus Aureus (MRSA) and Vancomycin Resistant Enterococci (VRE) in the hospital. All patients pending hospital admission to the following units must take a pre-admission questionnaire to have the MRSA and VRE risks assessed by our staff:

1. Day Case
2. Medical & Surgical (including admission of infants and children)
3. Maternity

## Pilot Programme for Enhancing Price Transparency for Private Hospitals

### List of Recommended Operations/Procedures for Provision of Budget Estimates

	Recommended Operations/Procedures
1.	Breast lump excision
2.	Bronchoscopy with or without biopsy
3.	Caesarean section
4.	Carpal tunnel release
5.	Cholecystectomy (Laparoscopic)
	Cholecystectomy (Open)
6.	Circumcision
7.	Colectomy (Laparoscopic)
	Colectomy (Open)
8.	Colonoscopy with or without polypectomy
9.	Colposcopy
10.	Cystoscopy with or without biopsy
11.	Dilatation and curettage
12.	Direct laryngoscopy with or without vocal cord polyp biopsy
13.	Gastroscopy and colonoscopy with or without polypectomy
14.	Gastroscopy with or without polypectomy
15.	Haemorrhoidectomy
16.	Hernia repair (Laparoscopic)
	Hernia repair (Open)
17.	Herniotomy
18.	Hysterectomy (Laparoscopic)
	Hysterectomy (Open)
19.	Knee arthroscopy
20.	Laminectomy
21.	LASIK
22.	Micro-laryngoscopy
23.	Open reduction and internal fixation of various fractures (Upper limb)
	Open reduction and internal fixation of various fractures (Lower limb)
24.	Ovarian cystectomy (Laparoscopic)
	Ovarian cystectomy (Open)
25.	Phacoemulsification and intraocular lens implantation
26.	Spine fusion
27.	Thyroidectomy (Hemi)
	Thyroidectomy (Total)
28.	Tonsillectomy
29.	Trigger finger release
30.	Vaginal delivery

The original of this form will be filed as the hospital's medical records, and copies will be given to the patient and doctor for reference. The estimated charges are for reference only. Final payments are subject to charges incurred from treatment, procedures, and services performed.

本表格正本會存放在醫院的病人醫療記錄內，副本供病人和醫生參考。費用預算只供參考，最終收費視乎病人實際接受的治療、程序及服務而定。

Patient's Name 病人姓名:		(English 英文)	(Chinese 中文)	
Hong Kong Identity Card / Passport Number 香港身份證 / 護照號碼:				
Attending Doctor 主診醫生:		Provisional Diagnosis 初步診斷:		
Estimated Length of Stay 預計住院時間: day(s) 日		Class of Ward 病房等級:		
Treatment Procedure / Surgical Operation 治療程序/手術:				
Estimated Doctor's Fees – Form A 預算醫生費用 — 表格 A (To be completed by doctor 由醫生填寫)				
Daily Doctor's Round Fee 每日醫生巡房費:		\$	x day(s)日	
Surgical Fee 手術費:		\$		
Anaesthetist's Fee 麻醉科醫生費:		\$		
Other Specialists' Consultation Fee (Please Specify)				
其他專科醫生診療費用 (請註明)		\$		
Total 總計: \$				
I have explained to the patient/ next-of-kin/ authorised person details of the above-estimated charges and have sought his/ her agreement. 本人已向病人/ 親屬/ 獲授權人士解釋上述預算費用，並徵得其同意。				
Name of Doctor 醫生姓名		Signature of Doctor 醫生簽署	Date 日期	
Estimated Hospital Charges — Form B 預算醫院費用 — 表格 B (To be completed by the doctor based on the charges information provided by the hospital 由醫生根據醫院提供的收費資料填寫)				
Room 住宿		\$	x day(s)日	
Operating Theatre and Associated Materials				
Charges (Remark 1) 手術室及相關物料費用 (備註 1)		\$		
Diagnostic Procedures 診斷程序:		\$		
Other Hospital Charges (Remark 2)				
其他醫院收費 (備註 2)		\$		
Total 總計: \$				
Patient's Signature 病人簽署				
I understand this budget estimate is not legally binding and is for reference only. Additional charges incurred from complications and from diseases diagnosed after admission are not covered. I agree that final payments are subject to charges incurred from treatment, procedures and services performed and should be made in accordance with the hospital invoice. 本人知悉服務預算費用並無法律效力，僅為參考，並不包括因併發症以及入院後發現的疾病所產生的額外費用。本人同意最終收費視乎病人實際接受的治療、程序及服務而定，並以醫院帳單所列為準。				
Name of Patient / Next-of-kin / Authorised Person 病人 / 親屬 / 獲授權人士姓名		Signature of Patient / Next-of-kin / Authorised Person 病人 / 親屬 / 獲授權人士簽署	Date 日期	
Remarks 備註:				
<p>1. The figures listed are derived from statistics of actual discharge bills of relevant patients who underwent similar treatment in our hospital last year and the preliminary treatment items chosen by the doctor. Doctors' management (e.g. choice of procedures, drugs and consumables) of the same illness may differ. 表格內列出醫院費用預算的數字，是根據去年度本院接受同類治療的相關病人出院帳單的實際費用統計及醫生初步選擇的治療項目估算所得。每位醫生處理同樣病症的方法可能會有差異(例如療程選擇、藥物處方、使用物料等)。</p> <p>2. "Other Hospital Charges" is a rough estimate of the total charges including nursing care, consumables, drugs, laboratory tests, investigations, diagnostic procedures and other non-Operating Theatre related charges. 「其他醫院收費」是對總費用的粗略估計，包括護理、消耗品、藥物、化驗、檢查、診斷程序及其他非手術室相關費用。For our hospital's charges, please refer to our webpage: <a href="https://www.matilda.org">https://www.matilda.org</a> 本院的收費請參考網頁 <a href="https://www.matilda.org">https://www.matilda.org</a></p>				
HKSAR Government Price Transparency Initiative List of Operations/Procedures for the Provision of Budget Estimates 香港特別行政區政府倡議價格透明度列出以下的手術/程序預算清單				
1. Breast lump excision 乳房腫塊切除	9. Colonoscopy with or without polypectomy 結腸鏡檢查 (帶或不帶息肉切除)	14. Gastroscopy and colonoscopy with or without polypectomy 胃鏡和結腸鏡檢查 (帶或不帶息肉切除)	19. Hysterectomy 子宮切除術	25. Ovarian cystectomy 卵巢囊腫切除術
2. Bronchoscopy with or without biopsy 支氣管鏡檢查 (帶或不帶活檢)	10. Colposcopy 陰道鏡檢查	15. Gastroscopy with or without polypectomy 胃鏡檢查 (帶或不帶息肉切除)	20. Knee arthroscopy 膝關節鏡檢查	26. Phacoemulsification and intraocular lens implantation 超聲乳化和人工晶體植入
3. Caesarean section 剖膜分娩	11. Cystoscopy with or without biopsy 膀胱鏡檢查 (帶或不帶活檢)	16. Haemorrhoidectomy 痔瘡切除術	21. Laminectomy 腰椎椎板切除術	27. Thyroidectomy 甲狀腺切除術
4. Carpal tunnel release 腕管釋放術	12. Dilatation and curettage 子宮內膜刮除術	17. Hernia repair 疝氣修補	22. LASIK 近視雷射手術	28. Tonsillectomy 扁桃體切除術
5. Cholecystectomy 膽囊切除術	13. Direct laryngoscopy with or without vocal cord polyp biopsy 直視喉鏡檢查 (帶或不帶聲帶息肉活檢)	18. Herniotomy 疝氣切開術	23. Micro-laryngoscopy 微型喉鏡檢查	29. Trigger finger release 扳機手指釋放術
6. Circumcision 包皮環切術			24. Open reduction and internal fixation of various fractures 各種骨折開放復位和內固定	30. Vaginal delivery 陰道分娩
7. Colectomy 結腸切除術				
8. Colonoscopy with or without polypectomy 結腸鏡檢查 (帶或不帶息肉切除)				