



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: _____

<i>For Hospital use only</i>	
Fax received from: _____	
Fax received by: _____	
Fax to: OT <input type="checkbox"/> PSC <input type="checkbox"/> MS <input type="checkbox"/> MAT <input type="checkbox"/>	
Date and Time: _____	
By whom: _____	
Budget Estimate Form: (If Applicable)	
Form A	YES <input type="checkbox"/> NO <input type="checkbox"/>

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 Screening

Known 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

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

服務費用預算 – 預算醫生費用(只供參考)

Budget Estimate – Estimated Doctor's Fees (For Reference Only)

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。

The original of this form will be filed as hospital's medical records, and copies will be given to 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.

病人姓名 Patient's Name: (中文Chinese): _____ (英文English): _____

身份證 / 護照 號碼 Hong Kong Identity Card / Passport Number: _____

初步診斷 Provisional Diagnosis: _____

預計住院時間 Estimated Length of Stay: _____ 日 Day(s) 病房級別 Class of Ward: _____

治療程序 / 手術 Treatment Procedure / Surgical Operation: _____

主診醫生 Attending Doctor: _____

預算醫生費用 Estimated Doctor's Fees (由醫生填寫 To be completed by doctor)

每日醫生巡房費 Daily Doctor's Round Fee: \$ _____ × _____ 日 day(s)

手術費 Surgical Fee: \$ _____

麻醉科醫生費 Anaesthetist's Fee: \$ _____

其他專科醫生診療費用 (請註明) Other Specialists' Consultation Fee (Please Specify): \$ _____

其他項目及收費 Other Items and Charges: \$ _____

總計 Total \$

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。

I have explained to the patient / next-of-kin / authorised person details of the above estimated charges and have sought his / her agreement.

醫生姓名
Name of Doctor

醫生簽署
Signature of Doctor

日期
Date

病人簽署 Patient's Signature

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，並以醫院帳單所列表為準。

I understand that 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 hospital invoice.

病人 / 親屬 / 獲授權人士姓名
Name of Patient / Next-of-kin /
Authorised Person

病人 / 親屬 / 獲授權人士簽署
Signature of Patient / Next-of-kin /
Authorised Person

日期
Date

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。

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病人姓名 Patient's Name: (中文Chinese): _____ (英文English): _____

身份證 / 護照 號碼 Hong Kong Identity Card / Passport Number: _____

初步診斷 Provisional Diagnosis: _____

預計住院時間 Estimated Length of Stay: _____ 日 Day(s) 病房級別 Class of Ward: _____

治療程序 / 手術 Treatment Procedure /
Surgical Operation: _____

主診醫生 Attending Doctor: _____

預算醫院費用 Estimated Hospital Charges

(由醫生根據醫院提供的收費資料填寫 To be completed by doctor based on the charges information provided by hospital)

住宿 Room: \$ _____ x _____ 日 day(s)

手術室及相關物料費用
Operating Theatre and Associated
Materials Charges (備註1 Remark 1): \$ _____

其他醫院收費 Other Hospital Charges
(備註2 Remark 2): \$ _____

總計 Total \$

病人簽署 Patient's Signature

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。

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病人 / 親屬 / 獲授權人士姓名
Name of Patient / Next-of-kin /
Authorised Person

病人 / 親屬 / 獲授權人士簽署
Signature of Patient / Next-of-kin /
Authorised Person

日期
Date

備註 Remarks:

- 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)。
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.

- 「其他醫院收費」是護理、消耗品、藥物、化驗、檢查，診斷程序及其他非手術室相關費用的估算總和。
"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.

本院的每天住院房租如下：標準房\$900，雙人房\$1695，私家房\$3300。其他特殊病房收費請參考網頁 <http://www.matilda.org>
Our hospital's Room Charges are as follows: Standard Room \$900, Twin Room \$1695, Private Room \$3300.
For other special beds, please refer to our webpage: <http://www.matilda.org>.