



病人授權書
Authorization Letter

致:門診部

To: Out Patient Department

本人 _____ 門診號 _____
I _____, OPD no _____,

證件種類及號碼 _____ 未能親身前往貴院診症/看
Type and no. of ID _____, am unable to come in

報告。現授權 _____, 證件種類及號碼 _____
person to consult/get the medical report. I hereby authorize _____,

代取藥/取報告
Type and no. of ID _____, to take the medication/medical report.

病人姓名 _____ 病人簽署 _____
Patient's Name _____ Patient's Signature _____

獲授權人姓名 _____ 獲授權人簽署 _____
Authorized Person's Name _____ Authorized Person's Signature _____

日期 _____
Date _____

獲授權者必須提交病者及獲授權者的身份證明文件副本

Authorized Person should bring the patient's and authorized person's ID photocopies