

MANAGED CARE REQUEST FORM (F024)

 28/F Lee & Man Commercial Center, 169 Electric Rd., Fortress Hill, HK Tel : 3983 1800
 香港炮台山電氣道169號理文商業中心28樓 Fax : 3983 1811
 1802 Melbourne Plaza, 33 Queen's Rd., Central, HK Tel : 3651 1200
 香港中環皇后大道中33號萬邦行1802室 Fax : 2526 6560
 1810 East Point Centre, 555 Hennessy Rd., CWB, HK Tel : 3651 1100
 香港銅鑼灣軒尼詩道555號東角中心1810室 Fax : 2891 3803
 1215 Argyle Centre, Phase 1, 688 Nathan Rd., Mongkok, Kln Tel : 3651 1000
 九龍旺角彌敦道688號旺角中心第一期1215室 Fax : 2398 1695
 803 H Zentre, 15 Middle Rd., Tsim Sha Tsui, Kln Tel : 2813 2630
 九龍尖沙咀中間道15號803室 Fax : 2813 2631

LAB USE ONLY
2 PATIENT IDENTIFIERS ARE REQUIRED

Family name 姓	Given name 名	<input type="checkbox"/> HKID <input type="checkbox"/> 2 Way	<input type="checkbox"/> Passport <input type="checkbox"/> Others	D.O.B. 出生日期	<input type="checkbox"/> Male 男 <input type="checkbox"/> Female 女	Specimen drawn date & time
			/...../..... dd mm yyyy am pm	

Referred by	
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FOR MANAGED CARE PATIENTS ONLY - PLEASE FILL IN

Organization	Diagnosis
Member card no.	Expiry date <input type="checkbox"/> Voucher attached <input type="checkbox"/> No Voucher
	Doctor's Signature: Card Holder's Signature:

Clinical details <input type="checkbox"/> Fasting <input type="checkbox"/> Non-fasting <input type="checkbox"/> Routine screen <input type="checkbox"/> Pregnant wks <input type="checkbox"/> Others:	Doctor's instructions
Pre-examination requirement checked by: _____	

<input type="checkbox"/> PI <input type="checkbox"/> EDTA <input type="checkbox"/> FI <input type="checkbox"/> Cit <input type="checkbox"/> Hep <input type="checkbox"/> Ur <input type="checkbox"/> St <input type="checkbox"/> Swab <input type="checkbox"/> VTM <input type="checkbox"/> Others:	Taken by: _____
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Laboratory Tests Required : (Cytology & Histopathology, please use "PINK" Request Form F026)

Please Scratch Card Here

For Organization/Lab use only:

Approval Chop (if needed):	From <input type="checkbox"/> Fortress Hill <input type="checkbox"/> Central <input type="checkbox"/> Causeway Bay <input type="checkbox"/> Mongkok <input type="checkbox"/> Tsim Sha Tsui	Fax 3983 1810 2526 6560 2891 3803 2398 1695 2813 2631	Tel 3983 1800 3651 1200 3651 1100 3651 1000 2813 2630	Specimens Received: <input type="checkbox"/> PI <input type="checkbox"/> EDTA <input type="checkbox"/> FI <input type="checkbox"/> Cit <input type="checkbox"/> Hep <input type="checkbox"/> Ur <input type="checkbox"/> St <input type="checkbox"/> Swab <input type="checkbox"/> VTM <input type="checkbox"/> Others Checked By _____
	Signature: _____			

Doctor's Copy