播道醫院 Evangel Hospital

Admission Letter

[Patient Label] *Clinic / OPD Use*
Name: _____
Hospital No: _____
Sex / Age: _____

[Patient Label] *In-Patient Use*
Name: _____
Hospital No: _____
Sex / Age: _____

To: Evangel Hospital Admission **Tel: 2760 3412** **Fax: 2760 3484**	**From: Doctor Name:** _____ **Clinic Tel. No:** _____ **Date:** _____ **Doctor Sign / Chop:** _____

SMS will be sent a day before admission

Patient Contact Number	
Mobile Number:	Home Number:

Admission	
Date / Time:	Diagnosis:
Bed Class: *Day Case / Single Room / Semi-Private Room / Semi-Private Single Room / 3-5 Bed Ward	
*Operation / Procedure:	
Date / Time:	
Anaesthetist: (Dr.)	/ Anaesthesia: *GA / SA /MAC /IV Sedation / IVLA / LA / NA
Treatment on admission:	
Remarks: *Falls Risk, Infectious Risk, Vision or Hearing Impairment etc. ☐Patient On CPAP (Corner Bed / Single Room if Flu S/S) Others: _____	

Confirmation call to doctor within 30 minutes of patient's arrival by Ward Staff.

Medication Order

Drug	**Dose**	**Route**	**Frequency**	**Administered by & Date / Time**

Allergy: ☐ NKDA ☐ Yes : Drug _____
Food _____
Own Medication : ☐ No ☐ Yes

入院注意事項：

1. 請按本院職員指示 ***入院時間*** 到達醫院。到達時請到接待處報到，如有延遲，請電 2760 3412。
2. 請帶同身份證或出世紙副本及入院信作核對。如有保險，請於入院時提供表格。
3. 入院時請準備舒適衣物、拖鞋、牙膏、牙刷、毛巾 (如有需要，可向院方購買)。
4. 請預備適量入院按金（頭等、二等、普通病房分別為$15,000、$10,000 及 $6,000，非本港居民 $30,000）。