

THE PRINCE PHILIP DENTAL HOSPITAL

Teaching Patient's Declaration Form

In connection with the initial examination (oral and radiographic examination) in The Prince Philip Dental Hospital

of **myself/my child*** _____ HKID No _____
(Name in block letter)

I declare that:

1. I have read and fully understood the "Notice to Members of Public who Intend to Seek Dental Treatment from the Hospital" before examination. I have also attended the briefing by the hospital staff who has explained the contents of the Notice and this Declaration to me;
2. I understand that The Prince Philip Dental Hospital (PPDH) is a teaching hospital, all treatments of teaching patients are wholly geared to training of dentists and other persons in professions supplementary to dentistry;
3. I agree /My child agrees to undergo a screening process during examination. I understand that PPDH has the absolute right to cease further treatment if my/my child's dental problems are not suitable for teaching purposes or for further assessment by various clinics;
4. I am aware that the initial examination is likely to be time-consuming and usually requires a whole morning or afternoon session;
5. I understand that PPDH will not provide any dental treatment if I have /my child has not been accepted as a teaching case after examination. In that case, I/my child shall have to seek further attention elsewhere, which I will accept without any claim against PPDH;
6. In the case of emergency, PPDH may advise me to seek further treatment elsewhere, which I will accept without any claim against PPDH;
7. I agree to pay the fees and charges of PPDH as prescribed in the Schedule of Fees which I understand may be varied from time to time;
8. I understand that there is no refund of Attendance Fee even if I am/my child is not accepted as a teaching case;
9. If I am/my child is accepted as a teaching patient, I understand that the waiting time will depend on the teaching programs of dentists and other persons in professions supplementary to dentistry, varying from several months to several years;
10. I understand that PPDH has the absolute right to discharge me/my child from the Hospital which I/my child will accept without any claim against PPDH for reasons such as failure to attend a scheduled appointment on time twice, absence without giving one working day's prior notification, refusal for further treatment, unable to be contacted, failure to follow the treatment schedule, non-compliance with the recommended treatment plan /dental advice, or having unreasonable expectations, etc;
11. I understand that I have to pay for the supply of dental appliances and other cost recoverable items, if any. If I fail to settle the fees within the specified period, PPDH has the absolute right to cease my/my child's further treatment, which I will accept without any claim against PPDH;
12. I understand that all the fees and charges must be paid to Shroff (1/F) directly but not to any other persons / parties;
13. I understand that I have to use the dental consumables, dental appliances or dental materials provided by the Hospital; and
14. I understand the above is not an exclusive list and the ultimate decision to discharge a patient rests solely on PPDH.

Signature of **patient/guardian***

Date

Original : Patient Record

*Delete as appropriate

菲臘牙科醫院

教學病人聲明書

有關本人/本人子女* _____ 香港身份証號碼 _____

在菲臘牙科醫院作初步口腔檢查（口腔和 X 光檢查）

本人聲明：

1. 本人在檢驗前經已閱讀和充分瞭解「致求診市民通告」，我並且出席了由醫院職員向我解釋通告及聲明內容的簡報；
2. 本人明白菲臘牙科醫院是一所教學醫院，教學病人的所有治療必須配合牙醫及牙科輔助專業人員之學生訓練；
3. 本人/子女同意接受檢驗的篩選過程。本人明白如果本人/子女的牙患並不適合教學用途或無須再經專科牙醫作進一步診斷，菲臘牙科醫院絕對有權終止進一步的治療；
4. 本人知道最初的初步口腔檢驗需時，通常要求整個上午或下午；
5. 本人明白如果本人/子女在檢驗後未能被接受為教學用途，菲臘牙科醫院不會提供任何牙科治療。在此情況下，本人須向其他執業牙醫求診，本人將會接受並且不會向菲臘牙科醫院提出任何索償；
6. 當遇上緊急情況時，菲臘牙科醫院可能建議本人向其他執業牙醫求診，本人將會接受並且不會向菲臘牙科醫院提出任何索償；
7. 本人同意根據菲臘牙科醫院收費表繳付費用，亦明白所有收費可隨時作出調整；
8. 本人明白即使本人/子女未能被接受為教學用途，診症費是不會獲得退還；
9. 假如本人/子女被接受為教學病人，本人明白所需輪候時間得視乎牙醫及牙科輔助專業人員之學生教學需要而定，為期由數月至數年不等；
10. 本人明白如果本人/子女兩次未能準時赴約、缺席而未在一個工作日前作出改期通知、拒絕進一步治療、無法被聯絡、未能配合所編排之診治時間、拒絕配合既定治療計劃或建議、有不合理期望等，菲臘牙科醫院絕對有權終止替本人/子女治療，本人將會接受，並且不會向菲臘牙科醫院提出任何索償；
11. 本人明白如有需要的話，本人需就器具及其他用者自付的項目繳付費用。如果本人未能在指定的期限內繳付該費用，菲臘牙科醫院絕對有權終止替本人/子女作進一步的治療，本人將會接受並且不會向菲臘牙科醫院提出任何索償；
12. 本人明白所有費用須直接到一樓繳費處繳交，而不會向其他人員繳費；
13. 本人明白本人須使用由醫院供應之牙科消耗物、器具及牙科物料；及
14. 本人明白以上所列只是醫院可能終止替本人/子女治療之部份原因，菲臘牙科醫院擁有終止病人治療之最終決定權。

病人/監護人*簽署

日期

正本：病人檔案

*將不適用者刪去