

THE PRINCE PHILIP DENTAL HOSPITAL

Private Patient's Declaration Form

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

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

I declare that:

1. I have read and fully understood the "Notice to Private Fee Paying Patients" before examination. The hospital staff have explained the contents of the Notice and this Declaration to me;
2. I understand that The Prince Philip Dental Hospital (PPDH) is a world class teaching hospital designed to provide training facilities for dental undergraduates, postgraduates and ancillary dental trainees;
3. I understand that under the Hospital's regulation all private fee paying patients are required to deposit a sum of HK\$ 1,000 on registration;
4. In the case of emergency, PPDH may advise me to seek further attention elsewhere, which I will accept without any claim against PPDH;
5. I agree/My child agrees to ask my consulting clinician about the costs of treatment (inclusive of charges for radiodiagnostic service or appliances) which I understand/ my child understands may be varied with the individuals' oral condition;
6. I understand/My child understands that I/ my child would be charged for any tests performed in other hospitals/ laboratories by them directly or through PPDH;
7. I understand that if I/my child fail to attend a scheduled appointment on time or without one working day prior notice, PPDH reserves the right to discharge me/my child from the treatment which I/my child will accept without any claim against PPDH;
8. 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;
9. I understand that I have to pay all the fees and charges to Shroff (1/F) directly, and that no direct payment to any staff members (except staff working in Shroff) is permitted under strict Hospital regulations; and
10. I understand that I have to use the dental consumables, dental appliances or dental materials provided by the Hospital.

Signature of **patient/guardian***

Date

Original : Patient Record

*Delete as appropriate
PPDH 330B (1.2.2007)

菲臘牙科醫院

私家病人聲明書

有關本人/本人子女* _____ 香港身份証/證件號碼* _____

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「致私家病人通告」，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，是為訓練牙科學生及其他牙科輔助人員提供設施；
3. 本人明白所有私家病人須於登記時繳付港幣\$1,000 之按金；
4. 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；
5. 本人/本人子女明白鑒於口腔情況因人而異，本人會直接向主診醫生查詢所需診療費用（包括放射診斷服務及牙具費用）；
6. 本人/本人子女明白本人/本人子女必須支付由其他醫院或化驗室替你進行的測試或化驗費用（如適用），有關費用可直接由該醫院或經本院向你收取；
7. 本人明白如果本人/子女未能準時赴約或未在一個工作日之前作改期通知，菲臘牙科醫院會保留終止替本人/子女治療之權利，本人將會接受並且不會向菲臘牙科醫院提出任何索償；
8. 本人明白如有需要的話，本人需就牙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；
9. 本人明白本人須親自到一樓繳費處付款，亦明白醫院是嚴禁任何非繳費處職員收取或代收任何費用；及
10. 本人明白本人須使用由醫院供應之牙科消耗物、牙具及牙科物料。

病人/監護人*簽署

日期

正本：病人檔案

*將不適用者刪去