



國際醫療中心(香港)有限公司  
International Medical Centre (Hong Kong) Ltd.

香港中環德輔道中22號國際醫療中心  
International Medical Centre,  
22 Des Voeux Road Central, Hong Kong  
T 2878 2988 F 2796 1038

## 轉移醫療資料同意書

本人為下述簽署人就此同意並授權國際醫療中心(香港)有限公司("IMC")將本人(或患者)於IMC內,由IMC及/或其服務提供者為本人(或患者)進行的醫療及保健服務之個人資料、所有評估、身體檢查報告及醫療紀錄等提供予IMC認為合適的有關主診醫生及任何適當的醫療機構,以作將來向本人(或患者)提供醫療及保健服務之用(包括但不限於保健及醫療用途)。

患者姓名: \_\_\_\_\_

患者授權人姓名(如適用): \_\_\_\_\_

電話號碼: \_\_\_\_\_

患者(或患者授權人)身分證/護照號碼: \_\_\_\_\_

患者(或患者授權人)簽名: \_\_\_\_\_

日期: \_\_\_\_\_



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## CONSENT FOR RELEASE OF MEDICAL INFORMATION

I, the undersigned, hereby agree and authorize International Medical Centre (Hong Kong) Limited ("IMC") to release my (or the patient's) personal data, assessment reports, medical and check-up records etc produced in the course of provision of medical and healthcare services by IMC and/ or its service providers in IMC to my (or the patient's) treatment doctor and any proper medical operator as IMC thinks fit for the purposes of future provision of medical and healthcare services to me (or the patient) (including, but not limited to, healthcare and medical treatment purposes):

Name of Patient: \_\_\_\_\_

Name of Authorized Person: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

ID/ Passport No. of Patient (or Authorized Person): \_\_\_\_\_

Signature of Patient (or Authorized Person): \_\_\_\_\_

Date: \_\_\_\_\_