



The Hong Kong Medical Association 香港醫學會

Hong Kong Doctors Homepage Entry / Change of Particulars Form

香港醫生網登記/更改資料表格

<http://www.hkdoctors.org>

Please fill in the blanks in both English and Chinese, in BLOCK LETTERS. If space is not enough, please attach papers.
登錄資料將以中英對照，請填妥中英文內容，方便處理。如填寫空間不足，請附加紙張。

HKMA Membership no. (if any) 香港醫學會會員號碼 (若適用): Gender 性別: M / F

MCHK Registration no. 香港醫務委員會登記號碼: M

Name in English:	中文姓名:
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Quotable Qualifications (with year(s) obtained): <i>[For a list of quotable qualifications, please refer to https://www.mchk.org.hk/english/guideline/files/quotable_qualification_s.pdf]</i>	准予引述的專業資格 (請註明考取資格年份): <i>[准予引述的專業資格名單可於左列網頁下載]</i>
① _____	_____
② _____	_____
③ _____	_____
④ _____	_____
⑤ _____	_____

Office Address (one only):	辦公室地址 (只限一個):
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In which of the 18 Districts: 位於十八區之中哪一區:	Range of Consultation Fees 診金:
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Consultation Hours:	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Time 時間
診症時間	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> to <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>
(24-hours format)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> to <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>
(廿四小時制)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> to <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> to <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>

Emergency Service Available 提供緊急應診服務: <input type="radio"/> Yes 有 <input type="radio"/> No 無	Pager 傳呼機:
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Office Tel. 辦公室電話 (one only):	Mobile Phone 手提電話:
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Office Fax 辦公室傳真 (one only):	Secured Fax No. 保密傳真: <i>(for updates of patient information)</i>
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E-mail Address 電郵地址 (one only):

Type of Practice 執業類別	<input type="radio"/> Private 私人	<input type="radio"/> Hospital Authority 醫院管理局	<input type="radio"/> University 大學
	<input type="radio"/> Government 政府	<input type="radio"/> Others 其他 (Please specify)	

Language(s) / Dialect(s) spoken 語言或方言:	<input type="radio"/> Cantonese 廣東話	<input type="radio"/> English 英語	<input type="radio"/> Mandarin (Putonghua) 普通話
	<input type="radio"/> Others 其他 (please specify 請註明)		

Specialties as registered with the Medical Council of Hong Kong : <i>(Please refer to https://www.mchk.org.hk/english/list_register/specialist_list.php)</i> 在醫務委員會註冊的專科:

Affiliated Hospital(s) 使用醫院:

Medical services available in your office (5 items only):	你診所內所提供的醫療服務項目 (只限五項):
① _____	_____
② _____	_____
③ _____	_____
④ _____	_____
⑤ _____	_____

Medical services provided <u>other than</u> in your office (5 only): ① _____ ② _____ ③ _____ ④ _____ ⑤ _____	你在診所以外所提供的醫療服務項目 (只限五項): _____ _____ _____ _____ _____
Medical procedures and operations (5 items only) and range of doctor's fees optional <i>(List only those that you have received adequate training and use nomenclatures as promulgated by the Hong Kong Academy of Medicine, if any.)</i> ① _____ ② _____ ③ _____ ④ _____ ⑤ _____	提供的醫療手術 (只限五項) — 可註明各項收費 <i>(只可列出曾接受適當訓練的項目。程序及手術的名稱，如香港醫學專科學院有所公佈，必須以此為準。)</i> _____ _____ _____ _____ _____

Photos 相片

You can choose to have your **passport size photo (around 40mm x 50mm)** posted on your practice page. *Please submit a softcopy in jpeg format stored in CD Rom/ via email with a total file size of not larger than 5 mb. If a hard copy is submitted, a scanning fee of \$50 will be required.*

你可選擇將你的照片 (約 40 毫米(闊)x50 毫米(高)) 刊載於醫生網上。請將小於 5 mb 的電子圖片檔存於光碟內寄回/電郵本會。如需本會掃描圖片，圖片掃描費為港幣五十元正。

- Please check this box if you wish to opt out from the Hong Kong Doctors Homepage, your name would be deleted entirely from the database of the project.*
如欲退出香港醫生網，請選擇此方格。閣下所有資料將從有關資料庫中刪除。

I certify the information given above are true and correct. 本人謹此聲明，以上內容全屬真實。

簽署

Signature: _____

日期

Date: _____

Note:

Procedure:

First Time registration: Please complete and return this Form (with a crossed cheque, if applicable) for newly listing. For HKMA members joining the Hong Kong Doctors Homepage for the first time, it is free of charge; For non-members, \$200 is required for their first registration

Amendments of information: You are only required to submit the information needs for amendment only. All amendment is free of charge; except the image scanning fee.

Please return the form (with a crossed cheque, if applicable) to the Hong Kong Medical Association, 5th floor, Duke of Windsor Social Service Building, 15 Hennessy Road, Wanchai, Hong Kong or via fax (2865 0943), email to hkma@hkma.org, by mail or in person.

手續:

首次登記: 請填妥表格連同劃線支票(若適用)交回香港醫學會秘書處。香港醫學會會員豁免收費; 非香港醫學會會員則收取港幣二百元首次登記費

更改資料: 請填寫需要更改資料部份交回香港醫學會秘書處。除圖片掃描費五十元外，更新資料豁免手續費。

請填妥表格，連同劃線支票(若適用)，寄回香港灣仔軒尼詩道 15 號溫莎公爵社會服務大廈 5 樓，香港醫學會或透過電郵(hkma@hkma.org)、傳真(2865 0943)、郵寄或親身交回香港醫學會秘書處。

Data collection and update of data

Personal Data collected will be used and processed for the purposes on listing in the Hong Kong Doctors Homepage only. Doctor are responsible to correct/update your information by contacting the Association Secretariat.

向你收集所得的個人資料只會用於刊載香港醫生網。如閣下需更新個人資料，請聯絡香港醫學會秘書處。