

Sample of Valid Certificate issued by HA
(醫院管理局簽發的有效證明書)

Conveyance of Emergency Patients to
Accident & Emergency Department (AED) in Pre-hospital Settings

Support for Patient's Request for Conveyance to a Particular Hospital

(Gum label)

I certify that the above named patient is suffering from _____, which is a condition required to be treated in _____ (name of designated hospital). The risks and benefits of the possible longer traveling time had been discussed with the patient.

The patient had been informed that the ambulance officer will have ultimate discretion on the destination.

Doctor (Full name) _____ (signature)

Specialty _____

Hospital _____

Contact number* _____

Date _____

Valid till _____
(must not be longer than one year from date of certification) _____ (insert a date)

*Contact number: Refer to contact number in case the ambulance crew wish to alert the unit before arrival.