

Reimbursement Application Form for University Health Service
The University of Hong Kong

Primary Care Consultation in Discovery Bay

Patient Name:	Staff No.:
If patient is a Dependant:	
Staff's Name:	Relationship with staff:
Name of Clinic/Doctor:	Date of Consultation:
Diagnosis (to be completed by Doctor):	Doctor's Signature:
Receipt No.:	

Please attach true copy of receipt and submit within one month of the consultation.