

Referral Form for Uncommon Disorders Service Programme

Please send the completed form to the Specialist Outpatient Clinic by fax (852-3512 7579) or email (hkchsopcbooking@ha.org.hk).

For enquiries, please email or call the Clinic at 852-3513 3513.

DIAGNOSIS

☐ Confirmed ☐ Suspected

(Please attach a case summary if applicable)

GUM LABEL (if applicable)
Patient's Name, DOB, HKID

Referring doctor: _____

Institution / clinic (if applicable): _____

Remarks: _____

Doctor's Chop & Signature

Date