

主診醫生轉介信  
Doctor's Referral Letter

致:香港乳癌基金會Halaven®乳癌藥物資助計劃

To: Hong Kong Breast Cancer Foundation

Breast Cancer Drug Financial Assistance Programme – Halaven®

申請人姓名

Applicant's name: \_\_\_\_\_

申請人聯絡電話

Applicant's contact telephone no.: \_\_\_\_\_

處方乳癌藥物

Breast cancer drug prescribed: \_\_\_\_\_

劑量(注射瓶數量)

Dosage(No. of vials): \_\_\_\_\_

病人狀況

手術後輔助治療 Adjuvant

Patient status:

擴散一線治療Metastatic First Line Treatment

擴散二線治療Metastatic Second Line Treatment

擴散三線或以上治療Metastatic Third Line or Beyond Treatment

乳癌期數

Breast cancer staging: \_\_\_\_\_

主診醫生

Doctor-in-charge: \_\_\_\_\_

主診醫院 (如適用)

Hospital in-charge(if applicable): \_\_\_\_\_

主診醫生電話

Doctor-in-charge's telephone no.: \_\_\_\_\_

主診醫生簽署

日期

Signature of doctor-in-charge:

Date:

請蓋上醫院/醫生/診所印章

Please stamp hospital's/doctor's/clinic's chop

備註: 如有需要, 香港乳癌基金會會聯絡申請人, 索取進一步資料。

Note: Hong Kong Breast Cancer Foundation may contact the applicant for further information about the application.