

Halaven<sup>®</sup>乳癌藥物資助計劃  
資助申請表格

**Breast Cancer Drug Financial Assistance Program –Halaven<sup>®</sup>**  
**Reimbursement Claim Form**

申請人資料Applicant's Name : \_\_\_\_\_

檔案編號File No. : \_\_\_\_\_

姓名Name (英文English) : \_\_\_\_\_ (中文Chinese) : \_\_\_\_\_

香港身份證號碼ID Number : \_\_\_\_\_

聯絡電話Contact Phone Number: 住宅(home) \_\_\_\_\_

手提(mobile) \_\_\_\_\_

已注射的Halaven<sup>®</sup>Number of Halaven<sup>®</sup> taken \_\_\_\_\_ 瓶/ vials

注射日期Consumption period: 由from \_\_\_\_\_ 至to \_\_\_\_\_

申請可郵寄或親身遞交至:

香港北角木星街9號永昇中心22樓

香港乳癌基金會

(信封面請註明「乳癌藥物資助計劃 - Halaven<sup>®</sup>」)

Submission can be sent by post or delivered in person to:

Hong Kong Breast Cancer Foundation

22/F., Jupiter Tower, 9 Jupiter Street, North Point, Hong Kong

(Please mark “Drug Financial Assistance Program- Halaven<sup>®</sup>” on the envelope)

申請需包括以下所有文件Please make sure you have enclosed all of the following:

藥費單據正本 Original copy of official medication receipt

經私家醫生或私家醫院醫生診症的病人，須於每次求診後提交由醫生填寫的「乳癌藥物資助計劃」轉介信 Patients receiving treatment at either private clinics or private hospitals should also submit doctor's referral form

申請人簽名Applicant's Signature: \_\_\_\_\_ 日期Date: \_\_\_\_\_

所有遞交之正本文件均不會獲發還。本表格可影印使用或從本會網址[www.hkbcf.org](http://www.hkbcf.org)下載

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