

To: The Hong Kong Breast Cancer Foundation

Infusion Declaration Form

Name of Patient : \_\_\_\_\_

HK ID Number : \_\_\_\_\_ Application Number : \_\_\_\_\_

The date I received a Pembrolizumab infusion at the public hospital under Hong Kong Hospital Authority is as follows:

<u>No</u>	<u>Date of Infusion</u>	<u>Signed by patient</u>
1		
2		
3		
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Please fill in this form. The return of this form after each infusion is necessary for processing the cash rebate arrangement. (Fax: 2525 6233 / Hotline: 2525 6033 / return by post: 22/F, Jupiter Tower, 9 Jupiter Street, North Point)

If you have any questions, please call 2525 6033 during office hours. Thank you.