

Pembrolizumab 匹博利組單抗

For Cash Rebate Only 只限現金回扣

香港乳癌基金會 - 醫生轉介申請書

The Hong Kong Breast Cancer Foundation (HKBCF)

Doctor's Recommendation for Keytruda Patient Assistance Program

Email: bcsc-ap@hkbcf.org; Address

Breast Cancer Support Centre (Hong Kong): 22/F, Jupiter Tower, 9 Jupiter Street, North Point. Tel.: 2525 6033 Fax: 2525 6233

Breast Cancer Support Centre (Kowloon Centre): 1/F, 28 Lung Cheung Road, Ngau Chi Wan. Tel.: 2597 3251

(A) To: HKBCF 香港乳癌基金會 (傳真: 2525 6233)

HKBCF would follow up on the application accordingly.

香港乳癌基金會直接跟進申請。

Financial Assessment is Required

需要進行入息資產審查

Doctor to complete and sign 醫生填寫及簽署

Specialty: Clinical Oncology / Medical Oncology / General Surgery; Contact No.: _____

Private hospital / Clinic: _____

Date: _____

Treatment Drug Recommended: Pembrolizumab (Keytruda)

Dosage: 200mg / 400mg per cycle

Eligible Diagnosis

(Adhere Patient's Label, if any)

Triple-Negative Breast Cancer

KEYTRUDA is indicated for the treatment of patients with high-risk early-stage triple-negative breast cancer (TNBC) in combination with chemotherapy as neoadjuvant treatment, and then continued as a single agent as adjuvant treatment after surgery

Name of referring doctor: _____ Signature: _____

B. Patient to complete and sign 病人填寫及簽署

Patient's Declaration 病人聲明: I hereby authorize my attending doctor/specialist above to release all my personal data on this form to HKBCF for the sole purpose of applying to the subject Assistance Programme. 本人授權上列的主治/專科醫生提供此表格內一切有關本人之個人資料予香港乳癌基金會，作申請此藥物資助計劃之用。

Residential address 住址: _____

Email address 電郵: _____ Tel. No. 電話: _____

Patient's Signature 簽名: _____ Date 日期: _____

(For Office Use only)

Application No.: _____

Date:

Signed & Stamp (HKBCF)

Approved / Not Approved